



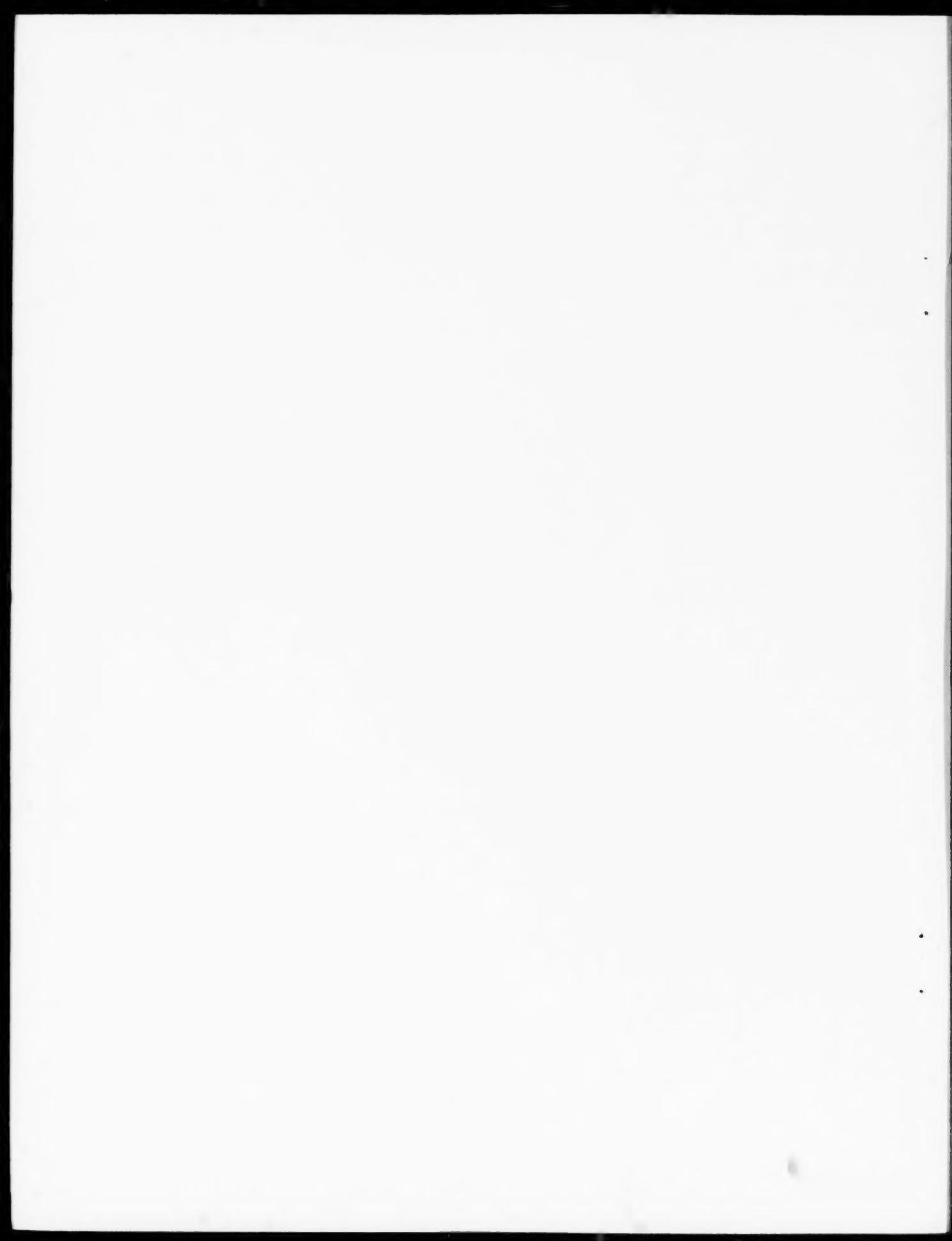
2010-2011 Annual Report

to the
Minister of Health



Prince Albert Parkland
Health Region
Corporate Office
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Prince Albert, SK S6V 5K1
www.princealbertparklandhealth.com

Healthy Living in Healthy Communities





Letter of Transmittal

June 15, 2011

**To: Honourable Don McMorris
Minister of Health**

Dear Minister McMorris,

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2010-11 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2011.

The Prince Albert Parkland Regional Health Authority had many successes during the fiscal year including:

- ◆ achieving surgical targets to help reduce wait times for patients;
- ◆ implementation of lean methodology in a variety of programs and support areas; and
- ◆ a year-end surplus of more than \$2.3 million, with significant reductions in employee sick time and lost days due to work place injuries, along with fewer hours of overtime.

Planning for three major capital projects is complete, and it is anticipated that construction work will be underway during the 2011-2012 fiscal year. It will mean a new integrated health facility in Shellbrook to replace the aging Shellbrook Hospital and Parkland Terrace. The new family treatment centre to be built in Prince Albert will provide increased access to treatment services for parents struggling with addictions, along with a new child and youth mental health inpatient unit to help young people at risk. A third project will replace Pineview Terrace Lodge with a new 60-bed facility located on the Regional Health Centre site in Prince Albert.

Our overall success is greatly attributed to the dedication and commitment of the Prince Albert Parkland Health Region's employees.

Respectfully submitted,

**Gord Dobrowolsky
Chairperson**





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Introduction

Ensuring that the Prince Albert Parkland Regional Health Authority is accountable to its main funder and transparent in its activities is the main purpose of the 2010-11 Annual Report to the Minister of Health. This document will outline how Prince Albert Parkland is aligned with the Ministry of Health's Strategic and Operational Directions, as well as discussing the work being done to meet the RHA's strategic goals.

The Regional Health Authority Overview will discuss the Region's governance and administrative structure, as well as the Strategic Plan that was approved in April 2010. There will also be information about the Region's programs and services, including service volumes, as well as information about the Region's key partners in the delivery of health care services. The Region is also facing some emerging issues, which can impact both the health of population as well as the demand for health care services.



Community Garden

The development of a community garden and kitchen in Spiritwood is a result of collaboration between the Prince Albert Parkland Health Region and community members who want better access and more information about healthy food and healthy food preparation.

The Region will discuss its Progress in 2010-11 in achieving goals and targets. The Region's 2010-2014 Strategic Plan includes four main goals, which are aligned with the Ministry of Health's Strategic and Operational Directions. The section Progress in 2010-11 will show the Region's successes and areas where challenges remain. There will also be information about how the Region is utilizing quality improvement initiatives to improve the patient experience and to ensure the efficient use of all resources—human, financial, infrastructure and technology.

The Region utilizes an external auditor to review the financial statements, notes and schedules, and to ensure the Region is presenting its financial status accurately. That information is included in the Financial Statements section. It includes information required to meet the needs of both the primary funder (the Ministry of Health), and the Provincial Auditor.

Appendices in this report include the Organizational Chart and the Payee List for all recipients in excess of \$50,000 in the past year—including staff members and other suppliers. There is also a directory with contact information for the Region's programs and services.

The 2010-2011 Annual Report to the Minister of Health will tell the story of the Prince Albert Parkland Regional Health Authority for that time period, and discuss the forward planning to meet the health care needs of the residents of the region and province.





**Prince Albert Parkland
Regional Health Authority
board of directors**

Gord Dobrowsky, chairperson
Brenda Abrametz, vice-chairperson
Shirley Bighead, member
Grant Cadieu, member
Don Code, member
Ray Ewanchuk, member
Allan Jurgens, member
Dale McFee, member
Jerri Olson, member
Gerry Osmundson, member

RHA Overview

The Prince Albert Parkland Health Region is located in Central Saskatchewan, covering a geographic area of just over 29,000 square kilometers. The geographic area of the Region runs from Kinistino in the southeast to Big River in the northwest, and from Hafford in the southwest to Candle Lake in the northeast.

The Region has a population of 79,237 (Ministry of Health, Covered Population, June 2010). This is the third-highest population total of the 12 Regional Health Authorities in Saskatchewan. The City of Prince Albert, with a population of about 40,000, is the largest community in the Region. There are several other communities with a population in excess of 1,000 individuals, including the towns of Big River, Spiritwood and Shellbrook. There is also a substantial population in the 12 First Nation communities, with the largest being Big River First Nation, Ahtahkakoop Cree Nation, James Smith Cree Nation and Sturgeon Lake First Nation.

In addition to providing health care services to the population of the Region, the Prince Albert Parkland Regional Health Authority is a source of specialized health care services to people throughout northeast and northern Saskatchewan.

Board of directors

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the Minister of Health. The current board of directors were appointed in February 2009. There are currently 10 members, with two vacant positions. (Board member names are shown at left).

The board of directors holds nine meetings annually, usually on the second Wednesday of each month. Most meetings are held in Prince Albert, with three meetings held in other communities within the Region.

The board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

The Regional Health Authority board of directors hires a Chief Executive Officer. The CEO reports on the achievement of goals, the results of measurements and on compliance to policy, based on strategic goals approved by the board of directors.

The Authority has developed a committee structure to further the goals of the Region. Standing committees include the Board Finance Audit Committee (board members only), Practitioner Liaison Council, Rural/Urban Community Advisory Network and First Nations Community Advisory Network.

The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region. The committee members provide feedback to the board about initiatives and strategic planning, and raise issues affecting health-care services. The board of directors also appoints members to other committees and boards, including the North Sask Laundry and Support Services, Victoria Hospital Foundation and the Saskatchewan Association of Health Organizations.



Mission

The Prince Albert Parkland Health Region works with people and communities to promote health, prevent illness and provide safe, quality health services.

Vision:

Healthy Living in Healthy Communities

Values:

Compassion is in our every day interactions, with patients, residents, clients and communities. We will listen to concerns, answer questions and have shared decision making through dialogue with the people for whom we are providing care.

Respect of the diversity of ethnicity, culture and beliefs in both the population served and regional workplaces, while ensuring the focus remains on meeting the individual needs of the patients, residents and clients.

Service Excellence is having a patient-centred focus as we pursue quality in everything we do. It refers to a commitment to continuous learning and improvement. It is achieving desirable outcomes in the provision of evidence-based health care services.

Patient Safety means ensuring that the people we serve are confident that the care they receive is safe and they are aware of any risks associated with their treatment.

Collaboration is a vital component in helping develop healthier communities. We can accomplish more by working together with other organizations, communities and individuals to achieve common goals.

Innovation is grounded in research and discovery, as well as a willingness to examine new program models to meet the needs of the people we serve.

Stewardship is being responsible and accountable for the effective and efficient use of natural, financial and human resources.

Rewarding Work Life includes a safe work place where our employees, physicians and volunteers feel supported, encouraged and appreciated for the work they perform.

RHA Overview

Strategic Planning

The Prince Albert Parkland Regional Health Authority board of directors approved the 2010-2014 Strategic Plan in April 2010. The plan aligns with the Ministry of Health's Strategic and Operational Directions. This document outlines the broad goals of the Ministry of Health in ensuring the provision of health services to the people of Saskatchewan. The Ministry of Health's pillars for planning include:

- Health of the Individual
- Health of Population
- Providers
- Sustainability

Each of the pillars include goals for health care service delivery. The Prince Albert Parkland Health Region provides information and reports to the board of directors and the Ministry of Health regarding progress and contributions to achieving those goals. Under Health of the Individual, the Region reports on issues of access (e.g. wait times), quality and safety. For Health of the Population, work is focused on health promotion and disease prevention, including important partnerships with communities and other organizations with common goals. For Providers, the Region reports on recruitment and retention, workplace wellness and safety initiatives to ensure the right person with the right skills is available to provide the necessary services to meet health care needs. Sustainability is focused on accountability, transparency and the effective use of resources—human, financial and infrastructure.

The goals and objectives within the Strategic Plan are based on the Regional Health Authority's Mission, Vision and Values (at left). The Chief Executive Officer reports to the board of directors about the goals and objectives of the strategic plan.

The Chief Executive Officer also reports on the Executive Expectations policies set by the board of directors. The Chief Executive Officer receives input from the senior management team and other staff members, who report on their respective portfolios (organization chart in Appendix A).

The Region's administration and staff are responsible for implementing the Strategic Plan, and overseeing the day-to-day operations for all programs and services. This includes the responsibility for delivering the following services:

- Acute care—hospitals, health centres, wellness centres, and social centres;
- Emergency response services, including first responders, and ambulance;
- Supportive Care—long-term care, day programs, respite, and palliative care;
- Home Care;
- Community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology;
- Mental Health and Addictions services; and
- Rehabilitation services.

Programs and Services

The Health Region provides services to more than 2,000 individuals every day, including long-term care residents, mental health clients, service at home or hospital inpatients. They may be receiving services from Home Care or Public Health, or visiting an Emergency Department or have an appointment with a Nurse Practitioner.

Rehabilitation clients are seeing a physical or occupational therapist. Individuals are seeking help for substance abuse through both inpatient and outpatient addiction service programs. Public Health Inspectors are monitoring food services, swimming pools and other public venues to ensure standards are being met. Home Care staff are providing nursing and support services to help people maintain maximum independence in their own homes. Clinicians are supported by thousands of laboratory and diagnostic imaging exams done every day.

RHA Overview

The Prince Albert Parkland Health Region has more than 2,400 employees (breakdown in graphs below) working in 24-hour facilities and community-based programs.

The largest facility is the Victoria Hospital, a regional centre that not only services the residents of the Region but is also a major referral centre for secondary specialist services for northern and northeast Saskatchewan. With more than 150 beds available, the Victoria Hospital has 24-hour on-call coverage for obstetrics/gynecology, orthopedics, pediatrics, general surgery, internal medicine, radiology, anesthesia and psychiatry. Other specialist services include ophthalmology, urology, ENT (ear, nose and throat), pathology and dental surgery.

There are approximately 1,600 births each year in the Victoria Hospital obstetrics department, along with more than 5,000 surgical cases (about two-thirds are day surgery procedures). The emergency department, which is staffed by emergency room physicians, treated approximately 27,900 patients during the past fiscal year.

There are also several outpatient procedures, including general ambulatory care with more than 18,000 patients, as well as more than 7,000 hemodialysis treatments and 800 to 1,000 chemotherapy treatments.

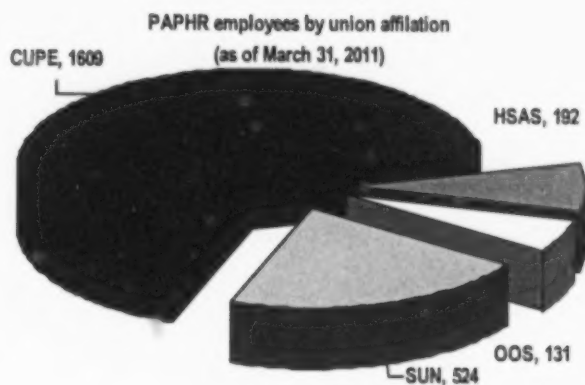
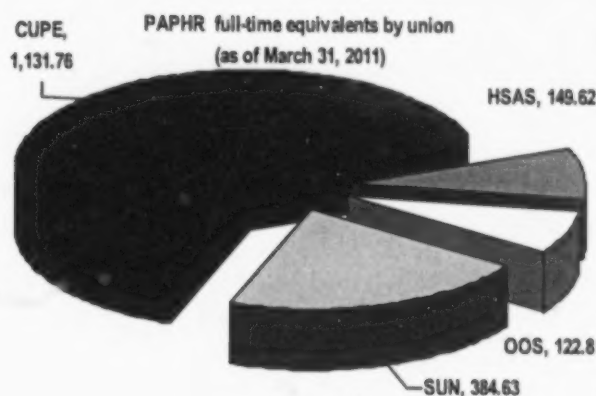
Located next to the Victoria Hospital, the Regional Mental Health Inpatient units (Crean and Kingsmere Villas) see in excess of 800 admissions each year. This includes more than 7,500 adult patient days and another 1,500 child and youth patient days. The Region has seven psychiatrists, who support Prince Albert's role as a referrals centre for mental health services for northeast and northern Saskatchewan.

There are 12 long-term care facilities in the Region, with 552 long-term care beds, nine respite beds and eight flex beds. Eleven are owned and operated by the Region in 10 different communities, while Mont St. Joseph is an affiliate:

- Hafford Special Care Centre (17 LTC, 1 flex)
- Evergreen Health Centre, Leoville (16 LTC, 1 respite)
- Birchview Home, Birch Hills (29 LTC, 1 respite)
- Jubilee Lodge, Kinistino (29 LTC, 1 respite)
- Wheatland Lodge, Leask, (29 LTC, 1 respite)
- Whispering Pine Place, Canwood (29 LTC, 1 respite)
- Parkland Terrace, Shellbrook (33 LTC, 1 flex)
- Pineview Terrace Lodge, Prince Albert (34 LTC, 1 respite)
- Big River Health Centre (32 LTC, 3 flex)
- Spiritwood and District Health Complex (43 LTC, 3 respite)
- Mont St. Joseph Home, Prince Albert (119 LTC, 1 respite)
- Herb Bassett Home, Prince Albert (142 LTC, 2 respite)

Keeping people independent is the focus of the Region's Home Care program, with services provided to an estimated 2,500 people each year receiving more than 85,000 visits and served about 35,000 meals. Nursing, personal care, respite, and assessments are a few specialized services provided through home care.

The Region's therapies department annually has 6,800 referrals for physical, occupational, exercise and speech language services. The Region's cardiac and pulmonary rehabilitation programs includes 120-140 new referrals each year, and provides about 10,000 treatments for individuals with chronic illnesses.



RHA Overview

Mental Health outpatient programs see more than 40,000 visits annually. This includes adults, youth and children, as well as services provided by Community Mental Health Nurses, psychologists and social workers. The Region, with funding through the Ministry of Health, has also been able to offer more services for cognitive disabilities. The main program is based in Prince Albert, but there are professionals both based in and visiting rural locations.

The Acquired Brain Injury program, which includes funding from SGI, provides support for residential and individual programs. Programs also provide awareness and education about the importance of preventing brain injuries.

Addiction Services have a main office in Prince Albert, with additional staff both based in and visiting rural locations. There are an average of about 2,400 new files each year for the outpatient programs, including adult, youth and problem gambling clients. The Brief and Social Detox unit in Prince Albert, which opened in the fall of 2009, had more than 2,400 admissions during the fiscal year. That includes more than 2,000 admissions for the brief

(up to 24 hours) program, while the rest were for the social (3 to 8 day) program. The Region continues to operate a six-bed youth addiction inpatient program, which is expected to close in the fall of 2011 and be replaced by the Prince Albert Grand Council's 15-bed facility.

Public Health Nursing focuses on communicable disease control, through immunizations for children and adults. Services include Communicable Disease follow up; breastfeeding support; immunization; international travel clinic; parent talk; postnatal follow up; prenatal classes; and school health programs. Services are based in Prince Albert, Big River, Spiritwood and Shellbrook.

Public Health Inspection is a community-based program. Its goal is to protect the health of the people in the Prince Albert Parkland Health Region. Public Health Inspectors work to improve environmental and social conditions for their communities. Programs and services protect public health and safety by ensuring:

- safe food;
- safe water;
- safe public swimming pools and recreational water;
- safe housing;
- safe residential indoor air quality.



Breastfeeding challenge

In October 2010 Prince Albert was a site participant in the Quintessence Challenge. The challenge is held yearly during World Breastfeeding Week October 1-7. This year there were over 4,160 babies and moms at 197 sites in 18 countries. Canada had the most sites participating in the world. Prince Albert has almost doubled the participation since last year. The challenge was sponsored by PAPHR, the South Hill Mall and the Mom-to-Mom Breastfeeding Support Group.

Public Health Inspectors conducted 1,185 routine compliance inspections in 2010-2011. Their major areas of responsibility include:

- Communicable Disease Surveillance, Investigation & Management;
- personal service facilities;
- onsite sewage systems and plumbing;
- inspection and approval;
- tobacco control;
- Public Education & Health Promotion;
- Enforcement of Environmental & Public Health Legislation;
- Health Hazard Complaint Investigations;
- Emergency Preparedness & Response.

RHA Overview

The Prince Albert Parkland Health Region operates Primary Health Care Clinics based in Spiritwood, Big River, Kinistino, Birch Hills, Hafford and Prince Albert (Bernice Sayese Centre). There are also outreach clinics to Candle Lake, Blaine Lake, Canwood, Weldon (personal care home only), Big River First Nation and Ahtahkakoop Cree Nation. A nurse practitioner's advanced training makes it possible to manage common health problems, and with other members of the health care team, manage more complicated health care problems. Nurse practitioners can do the following:

Number of visits to PAPHR Primary Care sites 2010-11

Site	Nurse Practitioners	Family Physicians
Spiritwood	5340	4951
Big River	2483	5574
Kinistino	1626	2335
Hafford	2677	1821
Birch Hills	1422	2153
Bernice Sayese Centre (Prince Albert)	1324	n/a

Site numbers includes outreach clinic totals

- complete physical exams, including Pap tests
- diagnose and treat common medical disorders, e.g., coughs, strep throat, ear infections, bladder infections, birth control, pregnancy testing, warts, fevers, rashes, sexually transmitted infections
- dressings and wound care
- minor surgical procedures, e.g., stitches
- order diagnostic tests, e.g., x-rays, blood work
- manage chronic stable medical conditions e.g., diabetes, high blood pressure
- prescribe drugs other than those listed in the *Controlled Drugs & Substances Act* (e.g., narcotics)
- provide care to long term care residents and clients in special care homes

The Sexual Health Clinic, in Prince Albert, provides a variety of services to individuals, including:

- Testing and treatment for Sexually Transmitted Infections (STI's)
- Pregnancy testing
- Hepatitis A, B, and C testing
- HIV testing
- Hepatitis A & B immunizations
- Referrals to the Hepatitis C and HIV Program, Sexual Health Clinic, Addiction Programs, Detox, Methadone Program, Physicians, Hospital
- Free condoms
- Educational presentations and in-services on STI's, HIV, Hepatitis C, Occupational Risk
- Needle Exchange Program
- Presentations and in-services on Hepatitis C and HIV and related issues.

The Hepatitis C and HIV program accepts self referrals, as well as referrals from health care providers, including physicians. The program provides clinical care, education, support and advocacy for individuals living with Hepatitis C and/or HIV, their families and loved ones.

Key partnerships

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The Region requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding. The partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the Region.

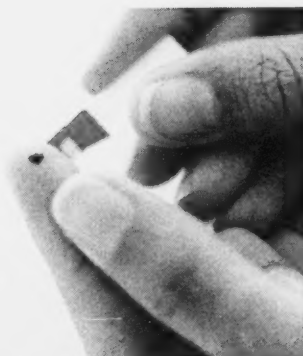
The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

The Region also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake. The four services combined for approximately 9,500 trips in 2010-2011.



Prince Albert Parkland Regional Health Authority Health Care Organizations

Prince Albert Co-operative Health Centre
SHARE (Self Help and Recreation Education)
Prince Albert Early Intervention Program
Family Futures
Canadian Mental Health Association
Prince Albert Grand Council
Mobile Crisis
Mont St. Joseph Home Inc.
Parkland Ambulance Care
Spiritwood Ambulance Care
Blaine Lake Ambulance Care



Point of care testing

The Prince Albert Parkland Health Region began offering point of care testing for HIV at the Sexual Health Clinic. The improved access to testing and results will enable health care providers in identifying individuals who are HIV positive. This is especially important given the growing numbers of HIV-positive individuals living in the Region.

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RHA Overview

The Prince Albert Early Intervention Program delivers the Kids First Community Development program for the rural east side of the region.

Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE also operates a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital.

The Prince Albert Branch of the Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills.

Family Futures provides parent support for the eastern part of the Region. Workers provide counseling, referral and emotional support.

Prince Albert Co-operative Health Centre is home to the Methadone Program for IV opiate drug users. The clinic's physicians also provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites. The Co-operative Health Centre also supports the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert.

Prince Albert Grand Council provides the Kookum Project, which links Aboriginal Elders with IV drug users on the Methadone program.

Mobile Crisis Cooperative provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.

The Region had an operating agreement with the Muskeg Lake Cree Nation, located west of Leask, for funding for the care of 15 residents who required Level 3 and 4 care. The clients were residents of the Muskeg Lake Elders Care Home, which was licensed as a 30-bed Personal Care Home. The leadership of Muskeg Lake Cree Nation made the decision to close the facility in July 2010. The Region had to find alternate accommodation – both in Special Care Homes and Personal Care Homes – for the residents of the facility.

Emerging Issues

The number of individuals who have tested positive for HIV, Hepatitis C, syphilis and other sexually transmitted infections has been increasing in the Prince Albert Parkland Health Region during the past several years. While increased testing has led to the discovery of new cases, there are also significant concerns about reducing the spread of these illnesses.

Since 1996, there has been an increase in new HIV-positive cases in Saskatchewan; various clusters and outbreaks of new HIV cases have been documented.

The epidemiology of HIV in the Saskatchewan population is different from that seen elsewhere in Canada, with its new HIV cases predominantly associated with intravenous drug use (IDU). This trend of increasing new HIV cases among IDUs increased from 50 per cent in 1997 to 75 per cent in 2009. Since 2005, Aboriginal females under the age of 30 have accounted for a disproportionate number of female HIV cases under the age of 30. Saskatchewan's 2009 data indicates that Aboriginal women under the age of 30 continue to account for a disproportionate number (93 per cent) of the reported female cases of HIV under the age of 30 (Ministry of Health database, retrieved in 2010). In 2009, the majority of new HIV cases were in Regina (24 per cent), Saskatoon (47 per cent), and Prince Albert (12 per cent). Reference: Ministry of Health-PHB, 2010

RHA Overview

Ethnicity of all cases of HIV indicates an over-representation of those of Aboriginal ethnicity (76 per cent in 2008). In 2008, the new cases were predominantly found to be IDU (77 per cent); and of this group, 63 per cent were of Aboriginal ethnicity. With the significant proportion of First Nations population in PAPHR this has implications for service delivery and case management.

HIV and other sexually transmitted infections are not the only disease control concerns in the Prince Albert Parkland Health Region. There are also increasing concerns about the incidence of previously rare communicable diseases in the province. Cases of pertussis (whooping cough) and red measles have occurred in the province, and the children involved had not been fully immunized. The Prince Albert Parkland Health Region struggles with low immunization rates for preventable illness.



Getting all the shots

Immunization for several communicable diseases has demonstrated to be a safe and effective method for reducing the spread of those diseases; however, challenges with the rate of immunization in Prince Albert Parkland increase the risk for outbreaks of disease such as mumps or measles.

Prince Albert Parkland demonstrated a coverage rate of approximately 67 per cent for the 2009-10 year, which is a decrease over the previous year. The may be partially attributed to 2009-10 being a year in which the public health system was largely focused on delivering H1N1 vaccine.

A limitation of the coverage rates extracted from the Saskatchewan Management Immunization System (SIMS) is the omission of information on First Nations children who are immunized in their First Nations communities. Immunizations that occur off reserve are captured in SIMS, but not immunizations provided by First Nations Health programs. The majority of these immunizations apply to children younger than school age, and are not available. For this reason, children who are mobile from one RHA to the next or between RHAs and First Nations communities may result in under reporting of regional coverage rates. Currently, there are discussions underway to integrate immunizations delivered on reserve by First Nations agencies into SIMS.

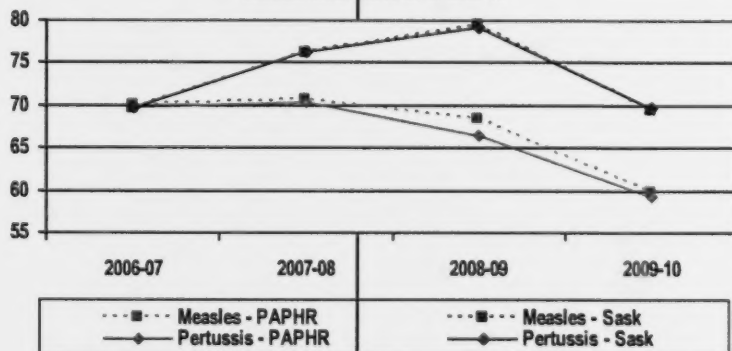
Illnesses such as mumps and measles are being seen more often, as the

lower rates of immunization allow for transmission of these illnesses that had once been rare.

For the second time in the past five years, the Region will have its immunization program reviewed by the Provincial Auditor (June 2011). While there remain issues associated with the data quality (particularly the lack of sharing between provincial and First Nations systems), the fact remains that there are challenges in ensuring children receive all needed vaccinations for preventable illnesses.

The Prince Albert Parkland Health Region recognizes the need for increased monitoring and prevention activities to reduce the spread of communicable diseases—whether they are the more common childhood diseases such as mumps or measles, or illnesses spread through sexual or intravenous drug use contacts.

Immunization rates (%) by Antigen for 2-year-old children, PAPHR and Saskatchewan, 2006-07 to 2009-10



There are different challenges, but the same important message is needed about the ability to prevent transmission of the diseases, while recognizing the risks associated with illnesses.

RHA Overview

Recognizing excellence

Individuals and teams of employees, and dedicated volunteers were recognized for the commitment to quality health-care services at the Prince Albert Parkland Regional Health Authority Health Excellence Awards in May 2010.

Team Approach – PAPHR Public Health Nursing Department, Prince Albert. From early summer 2009 through January 2010, the Public Health Nursing Department staff, including registered nurses, public health assistants and support staff, worked as a team to plan and implement the pH1N1 mass immunization campaign for Region.

Peer Support – Wanda Atcheson, Manager of Public Health, Prince Albert. In the photo at right, Wanda is the second person from the right in the back row.



Back row, from left: Shelly Carrier, Recreation Coordinator, Birchview Home, Birch Hills—Attitude; Cheryl Turgeon, Health Records, Spiritwood—Quality of Work; Attitude – Denise Ksnyuk, LPN, Victoria Hospital, Prince Albert—Attitude.
Front row, from left: Vicky Larose, Victoria Hospital, Prince Albert—Volunteer; Vicki Worobec, Environmental Services, 1521 Building, Prince Albert—Attitude.



From left:
Lifetime Achievement – Lois Aspvik, RN, Home Care, Prince Albert.
Lifetime Achievement – Glenis Clarke, Addictions Services, Prince Albert.

Progress in 2010-11

The Prince Albert Parkland Regional Health Authority approved the 2010-2014 Strategic Plan at its regular meeting on April 21, 2010. The Strategic Plan includes a revised mission and values statements (as seen on Page 5), along with new goals that improve the Region's alignment with the priorities of the Ministry of Health, and provides direction to address issues raised in the Patient First Review.

The new mission and values define the Region's priorities and roles on a daily basis as the board of directors, staff and physicians strive to meet the health care needs of the patients, long-term care residents and community clients. The goals and measurements also focus on outcomes, quality and safety, rather than just on the volume of service provided. The Region needs to ensure that the services and programs are effective in improving the health of the population. This plan emphasizes the commitment to compassion, service excellence, innovation and quality health care services, while providing a rewarding work life for staff, physicians and volunteers.

The Strategic Plan has had key influences: the health status of the Region's residents, Accreditation Canada's standards, the recommendations from the provincial Patient First Review, and the Ministry of Health's Strategic and Operational Directions (top graphic, this page). The Region will continue to monitor those influences to ensure the Strategic Plan remains aligned with Ministry of Health priorities.

There are four major goals in the Strategic Plan. They include:

- Goal 1: Provide exceptional health care services to individuals, families and communities.
- Goal 2: Empower individuals and communities to achieve their optimal health status.
- Goal 3: Foster safe, quality and diverse work environments.
- Goal 4: Sustain a regional health care system focused on accountability, effectiveness and excellence.

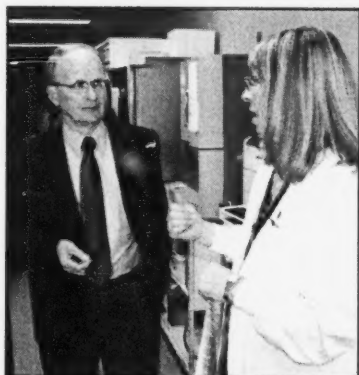
The RHA board receives reports on the progress toward the achievement of each goal. There are also more frequent reports on specific objectives, particularly those impacting targets set by the Ministry of Health. The board of directors also receives reports from the Region's Quality Teams—which are aligned with the requirements of Accreditation Canada, with the most recent survey being completed in June 2010.

The Region is actively participating in Quality as a Business Strategy (QBS), which helps focus the board of directors and management on strategic priorities. The QBS approach, led by the Health Quality Council, is to ensure the Region is meeting the needs of the Region's residents. It is about focusing on quality, patient safety and service excellence, rather than only examining volumes and financial data.

In the 2010-11 fiscal year, the Region's priorities include:

- Surgical Value Stream, as part of the provincial goal to reduce wait times for elective surgery and have all patients offered an option to have surgery within 3 months by March 31, 2014.
- Service Excellence, responding to the Patient First Review, listening to the voice of the customers, with quality and safety at the forefront.
- Cost containment, including use of shared services both internally and with other health regions, reducing absenteeism in the workplace and finding efficiencies to allow for reallocation of resources to front-line care.

In addition to being posted on the Region's website (www.princealbertparklandhealth.com), the Region has undertaken a variety of methods of communicating the Strategic Plan. That includes the Region's annual meeting, public stakeholder events (Prince Albert Chamber of



Laboratory renovations

Lennie Balicki, right, Regional Director of Diagnostic Services, discusses the renovations at the Victoria Hospital laboratory with Gord Dobrowolsky, chairperson of the Prince Albert Parkland Regional Health Authority board of directors. The renovations were the latest steps in a \$5.47 million effort to address patient and workplace safety issues at Prince Albert Parkland Health Region facilities. The work integrates a new hematology analyzer into the busy lab, replaces aging infrastructure and streamlines work flows. The renovations in the lab are aided by a Lean project that is changing work patterns in order to provide more timely service in a safer environment.

Progress in 2010-11

Commerce), direct communication to municipal and First Nation leadership, and meetings with the Region's staff and managers. Meetings were also held with the Region's Community Advisory Networks and provided an opportunity to hear feedback and help inform both the strategies within the plan, and whether the Region is achieving its goals.

The remainder of this section will examine the accomplishments and challenges for each of the four Goals, along with specific strategies, in the Strategic Plan, while also discussing how they align with the provincial priorities outlined in the Strategic and Operational Directions for the Health Sector.



New space

Donna Christopher is flanked by Gord Dobrowsky, left, chairperson of the Prince Albert Parkland RHA board of directors, and Cecile Hunt, PAPHR CEO, as she cuts the ribbon at the grand opening of the newly renovated and expanded Chemotherapy Unit at the Victoria Hospital. Donna Christopherson is the coordinator for CanSurvmount, a Canadian Cancer Society program that supports people who are living with cancer and their families. She is also a volunteer with the Prince Albert Parkland Health Region, and her efforts to help make the community better were recognized in 2010 when she was named the Prince Albert Citizen of the Year.

Goal 1: Provide exceptional health care services to individuals, families and communities.

This goal is aligned with the Ministry of Health's Strategic and Operational Directions for Health of the Individual. Each of the Region's programs are being measured against the achievement of the following Strategies:

- Timely access to appropriate health care services
- Promote an environment focused on client safety
- Service excellence throughout the health care continuum
- Utilize customer experience information to inform program delivery

There are several key indicators which measure the Region's efforts, particularly those involved in surgical care, diagnostic imaging, long-term care and addiction services.

The Acute Care Patient Experience Survey is a joint venture between Saskatchewan Regional Health Authorities and the Health Quality Council with the goal of using patient feedback for improvement. The Best Possible Hospital Score is a global measure to assess the patients' overall experience with their care during a recent stay in an acute care hospital.

The "Best Possible Hospital Score" is the percentage of responses of "10" asking patients to rate the hospital where they received their care on a scale of 0 to 10, where 0 is the worst possible hospital and 10 is the best possible hospital. The purpose of the indicator is to identify the percentage of patients who rated their hospital as exceptional on their recent hospital stay, as measured by a 10/10 score.

The latest available data for 'Best Possible Hospital' is October - December 2010. At this time 22.1 per cent of survey respondents rated PAPHR's hospitals as a 10 (Victoria Hospital - 19.6 per cent, Shellbrook Hospital - 42.3 per cent). The last two quarters have been lower than the provincial average. Survey results from July-September 2010 are lower due to higher acuity in the summer months and summer staffing.

PAPHR was successful in meeting the target for those waiting surgery greater than 18 months. Only two people remained on the list by March 31, 2011 from 49 the previous year. The Region was in contact with both, both have deferred their surgery as their choice. The goal for March 31, 2012 is no one waiting longer than 12 months for surgery. The spike increase in the graph is the result of a particular specialty providing bulk registration forms for surgery in one month thus increasing the demand on the service.

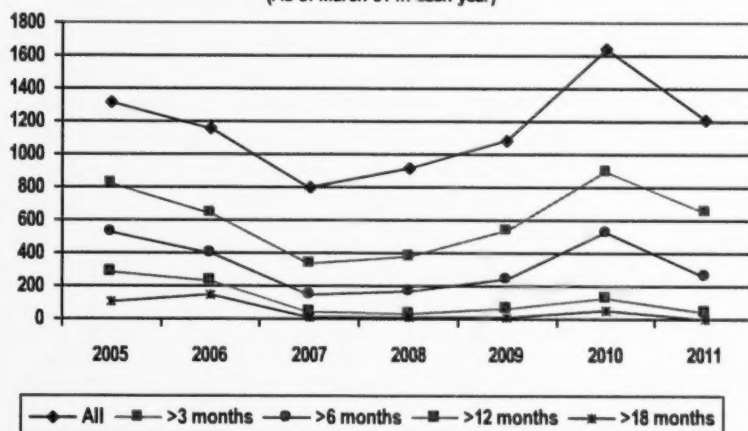
The goal for completing 160 Hip and Knee surgeries was met and exceeded through the hard work of the orthopedic team, operating room and surgical floor staff. The final number was 198.

Progress in 2010-11

Current operating rooms are at 92 per cent capacity with 30 per cent urgent and emergent surgeries creating evening and night time surgery. The urgent/emergent category impacts start times during the day. Working with the Ministry of Health the region has begun examining an electronic model which predicts, based on surgeries scheduled, the utilization of the operating room and demand for inpatient surgical beds.

Targets were reviewed and reopening of the fourth operating room was recognized as a way for the Region to move forward in achieving targets in the future. The expectation for 2011-12 is to perform 5,400 surgeries including 180 hip and knee surgeries. Targets increase annually according to past year performance in an effort to catch up with surgical demand, reach and maintain a 3 month wait time for surgery.

Number of surgical patients waiting based on time already waited: PAPHR
(As of March 31 in each year)



PAPHR operates one Computerized Tomography (CT) scanner at Victoria Hospital which performs urgent, semi-urgent and elective CT scans during regularly scheduled daytime hours Monday to Friday. Emergent CT scans are performed anytime 24/7 on a call-back basis if and as needed. Performance of all CT scans within 90 days has been achieved since 2007-08 and the Region is closing in on the target to achieve performance of all Level II (urgent) scans within seven days.

The provincial target for those waiting placement in long-term care is no more than 3.5 per cent of acute care beds. Demand for beds in long term care continues to exceed available

bed capacity and as of March 29, 2011, the region was at 6.5 per cent of acute care beds being used by individuals who were waiting for placement in long-term care.

During August 2010 the hospital was over capacity. The Muskeg Lake Elders care home closure impacted available long-term care beds throughout the region. Several individuals awaiting long term care were required to stay in acute care until a bed became available.

One of the initiatives to achieve this target is a first available bed policy, where an individual who has been assessed as requiring long-term care will be required to go to the first available bed in the Region. Because this can create challenges and separate families, the Region has a goal of transferring those individuals to their preferred choice for a long-term care facility as quickly as possible. For the last quarter of the fiscal year 2010-2011 there were 13 clients moved from acute care to first available bed and on average they waited 26 days before being transferred to their facility of choice.

Another change has seen the formation of a Patient Care Coordinator Unit utilizing current staff in a different capacity. Working with an acute care access team the group will meet with patients and caregivers and determine their expected length of stay in the hospital. A Patient Care Coordinator will then follow the patient through their stay to ensure the patient goals are met and discharge is coordinated with community services and caregivers to prevent having to return to hospital. Waiting for placement for long term care in the community versus a hospital bed will be a priority.

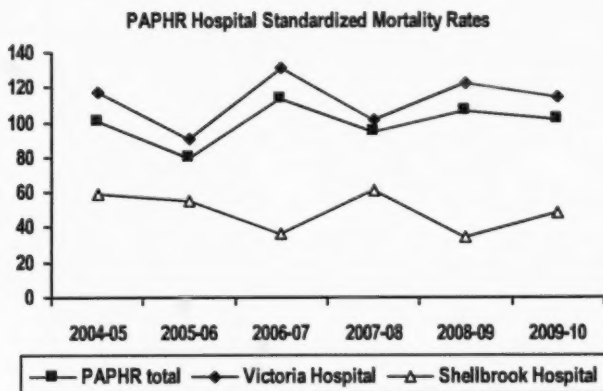
PAPHR operates three addictions inpatient treatment centers. Wait times are calculated from when the referral is received by the program area to when the client is admitted. The Social Detox unit at times is able to admit someone prior to the scheduled admission date due to no shows for others being admitted.

Victoria Hospital Surgical Cases

	2010-11	2009-10
Day Surgery	3617	3170
Inpatient Surgery	1462	1658
Total Surgical Cases	5079	4828

Progress in 2010-11

No wait time is listed for the Brief/Acute Detox as clients are admitted on presentation if they meet the criteria to be admitted. If there are no beds available, they are not entered on a wait list due to the nature of the admission criteria (being under the influence of a substance). Referrals are then made to other agencies for services – this may include, police, men's shelter or Mobile Crisis.



One measure the Region uses to determine effectiveness is the Hospital Standardized Mortality Ratio (HSMR) calculated by the Canadian Institute for Health Information (CIHI) for all acute care hospitals in Canada. HSMR is a measure designed to track changes in hospital mortality rates. It represents a ratio of the number of deaths that actually occurred in hospital relative to the number that would be expected to occur, once adjustments for factors that are commonly associated with a higher risk of death are taken into account. A ratio of 100 suggests there is no difference between a local mortality rate and the average national experience.

Between 2008-09 and 2009-10 Victoria Hospital's HSMR decreased 6.6 per cent. Shellbrook Hospital's HSMR showed a 35 per cent increase over the same timeframe. It is important to note as Shellbrook numbers are very low a small change in numbers

results in a large percentage change. The regional HSMR rate has decreased slightly, by 3.7 per cent during the same time frame.

A new discharge summary was implemented in July 2010 to improve data quality. The implementation of Safer Healthcare Now bundles and the development of a regional falls prevention strategy are part of the Region's plan to reduce the HSMR.

Medication Reconciliation is another quality improvement initiative with the goal of improving medication safety for patients, clients, and residents. It is vital to reconcile a person's existing home medications orders with new medications when they are admitted, transferred, and discharged, including all new orders from physicians. This ensures that patients receive only the medications that are safe and truly intended.

The first step for the Region is to implement medication reconciliation on admission. A total of 30 units/programs/facilities in acute care, long-term care, home care, and ambulatory/outpatient care have been identified as requiring medication reconciliation. Fifteen units/programs/facilities are at various stages of implementation, with the breakdown as follows:

- Acute Care (11):
 - ◊ 1 Unit – full implementation (Victoria Hospital Intensive Care Unit)
 - ◊ 9 Units – early implementation (Shellbrook Hospital, Mental Health Villas, Victoria Hospital Emergency, Day Surgery, Level 4, Level 5, Level 6, Level 3, Obstetrics)
 - ◊ 1 Unit – not yet implemented (Acute Detox)
- Long Term Care (12):
 - ◊ 1 Facility – full implementation (Birchview)
 - ◊ 3 Facilities – early implementation (Hafford, Leoville, Big River)
 - ◊ 8 Facilities – not yet implemented (Kinistino, Spiritwood, Canwood, Leask, Shellbrook, Pineview Terrace, Herb Bassett Home, Mont St. Joseph Home)
- Home Care (1):
 - ◊ 1 Program - early implementation
- Outpatient/Ambulatory (6):
 - ◊ 6 Programs – not yet implemented (Ambulatory Care, Renal Dialysis, Chemotherapy, Mental Health Outpatient, ABI, Addictions)

Progress in 2010-11

Goal 2: Empower individuals and communities to achieve their optimal health status.

This goal is aligned with the Ministry of Health's Strategic and Operational Directions for Health of the Population. The Region measures based on the achievement of the following Strategies:

- Lead healthy lifestyle and disease prevention initiatives
- Expand community and individuals' capacity for Chronic Disease Management
- Engage the voice of the community to help build individual ownership of their health status.
- Build partnerships and collaboration to promote healthy choices

Key health indicators and determinants of health	PAPHR	Canada
Daily or occasional smoking (over 12 years of age)	31.5	21.7
Daily or occasional smoking (12-19 years of age)	24.3	11.6
Per cent of individual who are obese (BMI over 30)	26.4	15.5
Injury hospitalization rate per 100,000 population	1,058	650
Per cent of individuals who eat the 5-10 servings of fruits and vegetables daily	27.2	37.1
Per cent of individuals who consume more than 5 drinks at one time more than 12 times during the year	24.6	21.8
Per cent individuals who are high school graduates	75.1	85.3
Average personal income	\$23,889	\$29,769

Statistics Canada Data Sources

There are several key indicators which measure the Region's efforts, particularly those involved in population health and community programs including home care, and primary health care initiatives for chronic disease management.

A key component of this strategy is working with other human services, including education, social services and justice services, in the development and delivery of services that will impact the determinants of health. The Region, working in isolation, cannot address all of the factors that influence health—including education, employment and behavior choices that can result in an individual requiring the support of many services beyond the health care system.

Regional staff members have participated in the early work of Prince Albert's Community Mobilization Strategy, which is being led by the Prince Albert Police Service. The strategy, based

on initiatives in Scotland, aims to ensure increased collaboration between a variety of service providers to find solutions at both the community and individual level. The Region's Mental Health and Addiction programs have had significant roles.

The Prince Albert Parkland Health Region has several challenges based on the determinants of health and behaviours. This includes higher rates of tobacco and alcohol use, lower rates of healthy eating choices, lower physical activity rates, and higher rates of unintentional injuries. These factors influence the demand for health care services, and without proactive efforts to reduce the impact of unhealthy choices there will continue to be a growing demand for all health care services.

The Region continues work with the Health Quality Council and family physicians on the Chronic Disease Management Collaborative, for individuals with depression, chronic obstructive pulmonary disease, diabetes, coronary artery disease and hypertension. Wave 2 of the Chronic Disease Collaborative added depression and chronic obstructive pulmonary disease. The seven practices in the region showed improvements in the key measures even though targets were not all met. This can be for a variety of reasons including:

- Practitioners not completing the electronic flow sheets;
- Lack of clerical staff to submit and record the client information; and
- Follow up of clients incomplete after they are registered due to non-compliance, missed appointments, wait times.

Many enhancements were made to Region programming as a result of the collaborative, including enhanced pulmonary rehab and spirometry services in the rural areas. Some sites, such as Spiritwood chose to focus on improving patient access during the 18 month cycle of the collaborative.

Reducing the number of falls, whether in Region facilities or in the community, also reduced the pressure for acute care services caused by injuries—and, most importantly, re-



Books for Babies

In celebration of International Literacy Day Sept. 8, 2010, Angela Chamakese and her family received a special package of children's books and ideas to encourage family reading. This package was assembled with the support of the PAPHR's Public Health Unit, Prince Albert Literacy Network and the John M. Cuelenaere Library.

Progress in 2010-11

duces the long-term impact on the ability of individuals to live independently. The goal for falls assessment in PAPHR is for 50 per cent of long-term care facilities to have residents assessed for risk of falls using the Safer Health Care Now! risk scale which gives a 1-6 rating. From the rating, appropriate measures can be implemented to prevent injuries such as special monitors, support bars or other equipment. The 50 per cent goal was achieved March 31, 2011 and the goal for the next year is to have the remaining 50 per cent of long-term care facilities implement the Falls Prevention program.

Home care has also been working with Safer Health Care Now! guidelines to establish baseline data. The team selected those clients who were reassessed and had falls in the previous 90 days; no initial assessments were included. In 2009-10, the region had 399 clients with reassessments. Within this subset, 158 discrete clients had fallen for a total of 379 falls. The fall rate for the current fiscal year is 32 per cent – slightly higher than in 2009-10 at 30%.

The initial plan is to target these individuals and develop a "Falls Free" plan with them and their families/caregivers. The Region has responsibilities as does the client/family for their plan to live fall free. A plan with a fact sheet explaining the information is provided to the physician to follow up the next visit. Post-fall questionnaires are being done with all those having falls to ensure follow-up and promote prevention. Although the number of falls seems high, there were no hospitalizations resulting from the falls and only one visit to the Emergency room in the reporting period.

The Region is also active in several other community-base programs to promote healthy lifestyles. Those include:

- Two communities who provide good food box programs.
 - In Spiritwood this is done in a partnership with Prairie Community Endeavors and PAPHR. A Community Kitchen is also part of the program. In the 2010 calendar year, there was an average of 21 boxes given out per month and an average of 45 individuals using the community kitchen each month. (PAPHR data)
 - In Prince Albert, the program is based at the Bernice Sayese Center in the West Flat. They offer two sizes of boxes for their customers. In the 2010 calendar year, they distributed 1,969 large boxes and 1,308 small boxes. (PAPHR data)
- Dental Health Screening
 - The most recent report, posted on the Region's website, demonstrates declining oral health for PAPHR Grade 1 and Grade 7 students, when compared to the previous report done five years earlier.
 - This proportion of cavity-free Grade 1 students has decreased from a high point of 42.9 per cent in 1998-99, to the recent low value of 26.6 per cent in 2008-09. Approximately three quarters of Grade 1 students had cavities in 2008-09, a significant increase from 2003-04.
 - The proportion of Grade 1 Students with No Evidence of Care in 2008-09 (12.6 per cent) has declined from 2003-04 (17.6 per cent).
- Immunization coverage rates provide information on the extent to which preventive measures are in place and being utilized to control life-threatening diseases. However, the percentage of the eligible population receiving immunization reflects more than access to, and availability of appropriate health care. The decision on whether or not individuals/families receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. The return of consents for immunization is frequently a barrier for the school-based program. Low literacy levels in some neighbourhoods may be a factor in this as well.
 - Vaccine for Diphtheria, Tetanus, Polio and Pertussis is given simultaneously normally at the ages of 2, 4, 6 and 18 month visits. The region remains below the RHA set target.
 - The Strategic and Operational Directives documents—2010-11 indicates that the average provincial immunization rate is 70 per cent and regions should strive to exceed this rate.

Progress in 2010-11

Goal 3: Foster safe, quality and diverse work environments.

This goal is aligned with the Ministry of Health's Strategic and Operational Directions for Providers. The Region measures based on the achievement of the following Strategies:

- Create a workplace where health service providers are engaged in creating a caring and high performance environment
- Align workplace diversity with our community
- Ensure health system employees and providers have the knowledge, training, tools and supports needed to perform their jobs
- To acknowledge, appreciate and support health workers' and volunteers' (including informal caregivers) value and contribution to patients and the health system
- Partner with post-secondary education institutions to support the Region's human resources needs



Long service

PAPHR employees are recognized for their long service to the organization each year. Starting with five years, employees are recognized in five-year installments at events in their facilities or community.

The Health Region participated in an employee engagement survey, coordinated by the Saskatchewan Association of Health Organizations, in March 2011. The results of the survey will be available later in 2011, and will be used to assist the Region in identifying successes and challenges for the Region's staff.

The most recent survey of employees was done as part of the preparation for the Accreditation Canada survey—using the Worklife Pulse tool in April—May of 2009. This survey provided employee feedback on the work environment and outcomes. There were 761 responses, out of a total staff complement of more than 2,400.

An Employee Satisfaction Survey was sent to all employees in 2006. Areas for improvement from the 2006 survey included:

- communications in the organization
- amount of control over their job activities
- involvement in decision-making processes in the organization
- enough time to do their job adequately
- trust the organization
- job allows balance of work and family/personal life

Some of the areas that included a high number of positive responses included:

- communications in their work area
- satisfied with their supervisor
- clear about what is expected to do their job
- the organization supports their learning and development
- work environment is safe (high)
- feel they can do their best quality work in their job
- satisfied overall with the organization
- working conditions in their area contribute to patient safety

The Region participated in an Employee Satisfaction Survey in March 2011. Results are expected to be available early in the next fiscal year.

The Region has developed a Wellness Strategy that takes into consideration the information gathered in the employee surveys. The Wellness Strategy will build on the success in the past year in reducing sick time, wage driven premiums and days lost to workplace injuries. The Region had aggressive targets for reductions in all of those areas, and was able to exceed three of the four targets. The only target that was not achieved was reducing the number of lost-time Workers' Compensation Board injury claims. The Region had an increase in the final two quarters of the fiscal year, which resulted in an overall increase in the number of lost-time claims in the 2010-11 fiscal year.

Progress in 2010-11

Reducing the number of workplace injuries will be a major emphasis in the coming fiscal year. The region is developing an Injury Reduction Strategy to address the number of work related injuries.

There is an overall decrease of 9.43 per cent in sick hours when comparing the 2009-2010 and 2010-2011 fiscal years. The Region met the provincial target of five per cent decrease in sick time hours per FTE. The Region exceeded the provincial target of 11% reduction in wage driven premium hours, with a reduction of 25.83 per cent.

Prince Albert Parkland Health Region Sick Time, Wage Driven Premiums, WCB lost time claims and WCB lost time days comparison

Fiscal year ending March 31st	2011	2010	Change
Sick time total hours	142,030.75	156,827.06	-14,796.31
Wage driven premium total hours	83,247.10	112,242.58	-28,995.48
WCB lost time total claims	145	116	+29
WCB lost time total days	2,567	3,849	-1,282

Workers' Compensation Board statistics are based on calendar year statistics. The Region's 2009 rate was based on the claims processed for 2006, 2007, and 2008. The 2010 rate is based on the 2007, 2008 and 2009 claims. For 2010, the experience surcharge has been eliminated and the Region is receiving a rebate. The WCB rate for 2010 was reduced by 0.18 per cent. In addition, based on a recalculation the experience rate surcharge in 2009 was changed from \$0.16 to \$0.12 and in 2010, the experience rate discount was changed from \$0.02 to \$0.04.



Special recognition

The Prince Albert Parkland Health Region recognized 267 individual and group volunteers for their long-term service. Ann Ogenschuk was given a standing ovation during the Volunteer Long Service Awards while being presented with her 50 years of Volunteer service award. Ogenschuk started volunteering at the age of 28 when she began to share her time and talents with the residents at the Hafford Special Care Centre. This year's theme, "Volunteers – Work Magic" says it all for us because every day that you reach out, lend a hand, share a smile and brighten someone's day, you are indeed, creating magic! We are truly grateful for the opportunity to witness the kindness and compassion given by the PAPHR volunteers and watch that magic unfold.

In 2008 the number of time loss days paid was 5,842. In 2009 the number of time loss days paid was 4,372. Due to a successful Return to Work program the region reduced the number of days lost to work related injuries by 25.16 per cent in 2009. In 2010 the Region has reduced the number of days lost to injuries to 2,681 from 4,372 days lost in 2009 for a 39.1 per cent decrease in days lost.

Both Mont St. Joseph and Prince Albert Parkland have experienced an increase in the total number of turnovers particularly in Canadian Union of Public Employee positions, especially in entry level positions. There was a slight increase in the total turnover from last the previous year. The Region's goal is to conduct exit interviews with all employees leaving the organization in an effort to determine how to reduce the turnover rate.

Progress in 2010-11

Goal 4: Sustain a regional health care system focused on accountability, effectiveness and excellence.

This goal is aligned with the Ministry of Health's Strategic and Operational Directions for Sustainability, as well as some of the priorities identified in the Health of the Individual for quality and safety. The Region measures based on the achievement of the following Strategies:

- Promote a culture of Continuous Quality Improvement that utilizes customer focus and best practices
- Improve the quality, efficiency, and cost effectiveness of the health system by ensuring regional infrastructure (e.g. facilities, equipment and technology) supports services across the continuum of care
- Commitment to public accountability and transparency
- Enhance a culture of client confidence and trust through transparency and communication
- Collaborate with communities and key stakeholders (such as foundations, affiliates and community-based organizations) to support the achievement of the Region's strategic goals
- Ensure the Region's emergency preparedness plan sustains the necessary services and ensures business continuity



Project partnership

On October 29, 2010, Hon. Don McMorris, Minister of Health; Grand Chief Ron Michel, Prince Albert Grand Council; and Gord Dobrowolsky, chairperson of the Prince Albert Parkland Regional Health Authority, participate in a sod turning ceremony for the new Prince Albert Grand Council Youth Treatment Centre. The new facility, located north of the Regional Health Centre site in Prince Albert, will provide space for 15 young people seeking assistance for substance abuse. The new facility is expected to open in the fall of 2011.

The Region has contracted with an agency to lead and assist in training staff to lead quality improvement LEAN projects. The Region has taken a "train-the-trainer" approach, where at least one staff member from each program or department doing a LEAN project will have someone trained to lead LEAN work with others.

LEAN is about refocusing on the patient as a priority—putting the patient and their care first. LEAN is about adding value to a patient's experience while he or she is in the Region's care. Activities that are value added, such as timely service (less wait time) or more face time with nurses and physicians are positive experiences from a patient/client perspective. Waste, in terms of wait times, stockpiled inventory and repetitive measures—detracts from that value added component to patient care.

By mapping the current value stream—or the way things are—the Region can determine where waste exists and where flow is disrupted. By re-thinking how the Region works, it can develop and improve the flow of the work environment—ultimately becoming more efficient. LEAN is not about working harder or faster, it's about working smarter.

Mapping the future state provides a framework for how things should be or how they should look. In creating this future state, potential solutions to the disturbances in the flow are discussed and resolved. LEAN focuses on the end-to-end process of patient care—not just one area but the process as a whole.

Several programs and departments have initiated LEAN projects, and many are seeing early returns on the time invested. Those projects include:

- Victoria Hospital Maintenance—Value Stream map and Lean implementation plan was completed in June 2010.
 - Scope documents were created for the five top priority improvement projects identified for the Maintenance Department. Improvement projects events in this area to date have included redesigning the computerized requisition system, having an event to organize the workspace, creating a more efficient inventory system and developing standardized methods for assigning work. As the last measurement in November 2010 number of open work orders went down from 260 to 190.
- Victoria Hospital Laboratory—Value Stream map and Lean implementation plans were completed in November 2010.

Progress in 2010-11

Surgical Value Stream highlights

Targets	Progress
<i>Patient Readiness</i>	
75% of first booked cases to start on time by April 1, 2010.	October 2010 data shows 55% first booked cases start on time
100% of first booked patients of the day leave Day Surgery by 7:35 by April 1, 2010	October 2010 data shows 85% first booked patients leaving Day Surgery on time
100% of the time the History/PSAQ form is completed by the Family Physician and Patient and forwarded to the Surgeons office in order to complete the pre-operative package by June 1, 2010.	October 2010 to December 2010 data shows 13% of pre-op package information is incomplete requiring rework and patient delay.
<i>Standardized Post Op & Consent form</i>	
100% of completed patient consent for Operation/Procedures Forms to arrive to OR Scheduling with booking form by June 1, 2010.	October 2010 data shows 55% of the time the booking form and the consent form are legible, complete, accurate, and matched from all Surgeons.
100% of post operative patients leaving PACU have a completed standardized post operative order form by May 17, 2010.	October 2010 data shows 85% post operative patients leaving PACU have a completed standardized post.
<i>Multidisciplinary Clinic (Hip & Knee Pathway)</i>	
100% of hip and knee surgical pathway patients will flow through screening assessment beginning September 7, 2010.	42% of patients flowing through the screening assessment have been appropriately placed on the surgical waitlist.

- The purpose of the first improvement project was to reduce error rates on requisitions coming into the laboratory in order to reduce rework and turn around time for results. New requisitions forms have recently been put in place and measurements have not been completed for this event.

- Another improvement project involved renovating and reorganizing the workspace based on Spaghetti mapping done to look at reducing unnecessary movement in the department. Another 13 improvement projects opportunities have been identified but have not been implemented to date.

- Information Technology Department—Value Stream map and Lean Implementation plan was completed in January 2011.
- The future state map resulted in a project based improvement project which will develop a tool that will simplify account management for new and existing employees within PAPHR and Prairie North Health Region. Work on this project has already begun and is expected to be finished by December 2011.
- Speech Language Pathology department—Value Stream map, the Future state map and first improvement projects were completed in March 2011.
- Medication Reconciliation in the Regional Health Centre, including combination of Value Stream Mapping and improvement projects.
- The event resulted in an accelerated roll out of medication reconciliation on admission throughout the Regional Health Centre by March 2011. Medication Reconciliation was a key accreditation recommendation. Nine out of 10 acute care units at the Victoria Hospital have gone live with the medication reconciliation process. Data collection has begun.
- Regional Health Centre discharge planning—multidisciplinary team completed a Value Stream map in January 2011.
- The Future State map resulted in 10 improvement projects. The improvement projects were put in priority order. The first improvement project, held in February 2011, was to refine the Acute Care Access Plan (ACAP) process with initiating the creation of a Seamless Care Plan. A new process reflecting the future state was designed for ACAP including replacing duplication of forms and clarification of roles.
- The goal is for all patients to receive a Risk Evaluation Screen Tool (REST) done by ACAP or designate in absence of ACAP within 24 hours of patient entering acute care to trigger the initiation of the seamless care plan beginning April 1, 2011 in Shellbrook Hospital and May 1, 2011 in Victoria Hospital.
- Employee Health Safety and Wellness department—Value Stream map is currently underway. Future State map and first improvement project were completed in March 2011.
- Surgical Value Stream
- A multidisciplinary team including Surgeon's Office Staff designed a centralized operating room scheduling process for all Surgeries by initially testing the process with the Orthopedic group. The information technology required to facilitate the process is currently being worked on. Testing of the process will begin when the technology and training is put in place.

Another key quality improvement initiative is Releasing Time to Care[™]. A program initiative with England National Health Service, Releasing Time to Care is about increasing nursing time for the bed side through a review of all processes in a nursing unit. There are currently six nursing units that have implemented Releasing Time to Care (RTC) and are at various stages of the implementation:

Progress in 2010-11



Training session

Releasing Time to Care[™] is an important tool in helping improve patient care and create efficiencies within the Region's inpatient facilities. Staff, including those from the Victoria Hospital, undergo training to understand how it can be implemented in their units. The Region has implemented Releasing Time to Care in several units at the Victoria Hospital as well as at the Shellbrook Hospital.

- Shellbrook Hospital and Surgery Victoria Hospital were context sites and began RTC in September 2009. They have completed the three Foundational Modules. These three modules must all be completed before moving onto the process modules. The 8 Process Modules include:

- Patient Observations
- Admissions and Planned Discharge
- Shift Handovers
- Meals
- Medicines
- Patient Hygiene
- Nursing Procedures
- Ward Round

- Medicine/Palliative (Level 6) and Medicine (Level 5) Victoria Hospital began Phase 1 implementation of RTC in September 2010 with Knowing How We are Doing (KHWD) and Well Organized Ward (WOW) training. Level 6 has begun working on Patient Status at a Glance since the training and Level 5 plan to begin this module in September 2011
- Pediatrics and Obstetrics Victoria Hospital began Phase 2 implementation training in December 2010. They are currently working in initial stages of these modules. Phase 3 implementation was scheduled to begin in the Spring of 2011 with the in-patient mental health unit coming on board.

While helping change the way nursing units work, Releasing Time to Care is, at its core, about better quality service for patients. The Region continues to monitor patient experience through surveys both on the ward (through Releasing Time to Care), and from a provincial survey for inpatient units.

The patient experience survey question for client confidence is part of the Emergency Department survey. This survey was implemented as a pilot in January 2011. Survey results will not be available until late in 2011. The region will report on this indicator as soon as survey results are available.

Prince Albert Parkland participates in a province-wide Acute Care Patient Experience Survey coordinated by Health Quality Council. Surveys are sent to a number of randomly selected patients by the Health Quality Council, up to one month after they have been discharged from hospital. The survey includes questions on a broad range of topics related to hospital care. The survey is intended to improve the quality of acute hospital care by identifying areas of success and areas where there is room for improvement.

The Acute Care Patient Experience Survey (PES) results will be monitored and strategies for improvement developed. In 2010-2011 the Region focused on improving a specific set of customer satisfaction indicators on the PES, these include Communication with Nurses and Care Transitions.

Care Transitions is a composite indicator made of three individual criteria.

- The hospital staff took my preference and those of my family or caregiver into account in deciding what my health care needs would be after I left the hospital
- When I left the hospital, I had a good understanding of the things I was responsible for in managing my health
- When I left the hospital, I clearly understood the purpose for taking each of my medications.

Using March 2010 data as a baseline the composite indicator "Care Transitions" has improved by 8.4 per cent in a six month period from March to September 2010, the goal was to improve one per cent by September 30, 2010.

Progress in 2010-11

Communication with Nurses a composite indicator made of three individual questions.

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?

The composite indicator communication with nurses decreased 7.5 per cent in the 6 month period from March to September 2010, the goal was to increase the indicator by one per cent. The Region is developing a Customer Service training for all staff, which will include efforts to improve the patient experience—with communication with providers a key component.

In order to continue to improve the Care Transitions indicator the region plans to re-introduce the Acute Care Access Plan (ACAP). Implementation of ACAP will set the plan for care at admission, and target the patient's discharge based on nationally accepted norms for length of stay. ACAP will also help set the expectations of outcomes for the patient, the patient's family and health care providers that are involved in the patients care. A Lean event for discharge planning has just been completed. As a result of this event the discharge summary is now shared with all care providers which will assist the care providers in giving a consistent message to the discharged patients.

Prince Albert Parkland RHA Quality of Care Concerns report

Fiscal year ending March 31st	2010	2009	2008
Percentage of concerns resolved within 30 days	89.3	68.42	76.22
Number of concerns received	236	173	147
Number of concerns resolved	226	171	143

Listening and responding to the voice of the customer is an essential means to improving the health system. Patient and family centered care begins with listening. Evidence has shown that initiatives based on customer input result in safer health care, better management of chronic conditions, fewer complaints, and decreased length of stay in hospital. Drawing attention to current problems in the system, from the client's perspective, enhances the success of quality improvement initiatives and promotes a culture of excellence.

- 63 per cent of departments/facilities/programs are using one or more mechanism to listen to the voice of the customer
- 56 per cent are using one or more Traditional VOC mechanisms (Structured and common forms of eliciting feedback e.g.: postal surveys, exit cards at discharge, focus groups, formal complaint mechanisms).
- 34 per cent are using one or more Opportunistic VOC mechanisms (Taking immediate advantage of opportunities to hear the VOC often tacking on feedback mechanisms where patients are already present e.g.: bedside reports, community engagement events, discharge phone calls, hourly rounds, communication boards).
- 27 per cent are using one or more Innovative VOC mechanisms (Employing non-traditional means of hearing the voice of the customer, e.g.: 24 hour hotline, advisory committees, annual listening conference, digital stories, video diaries, blogs/websites, care coordinator conferences, customer journey mapping, mystery patients.)

In addition to proactive methods for listening to the voice of the customer, the Region also gathers data based on incident reports and quality of care concerns. The goal is to resolve concerns within 30 days (chart on this page), although more complex cases can take longer.

In 2009-2010, the most recent year with complete data available, the most common type of concern was "Access to Service" at 30.29 per cent of concerns (which can include multiple categories). Access to Services refers to the ability to obtain the required health services including assessment and delivery of such services. This category includes the waiting time for bookings/appointments, surgery, and assessment, refusal or denial of services/access, and limited availability.

The second most common type of concern was "Care Delivery" at 26.69 per cent. Care Delivery refers to concerns regarding the nature and provision of services including technical competence (knowledge, judgement, skill), confidentiality, responsiveness (timeliness of activity), deportment (attitude, manner, respect) and the provision and results of care.

Progress in 2010-11

In addition to concerns, the Region monitors both Unusual Incidents and Critical Incidents. Unusual Incident is defined as "An adverse event, accident, or circumstance that is not consistent routine patient care. These incidents may result in an injury to an individual and/or damage to or loss of Region equipment or property. They may result from acts of commission or omission and can include problems in practice, products, procedures, and systems."

A Critical Incident is defined as: "A serious adverse health event including but not limited to, the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, a regional health authority or health care organization. Incidents are considered critical when there is an evident need for immediate investigation and response."

The Incident Reports are completed by those most closely associated with the incident with manager response based on the severity of the incident. The Patient Safety and Quality Managers receive a copy of all reported incidents. Unusual incidents are tracked and categorized based on type of incident, severity of incident, and facility/department. For serious incidents, follow-up with the manager occurs and a file is created to provide ongoing monitoring.

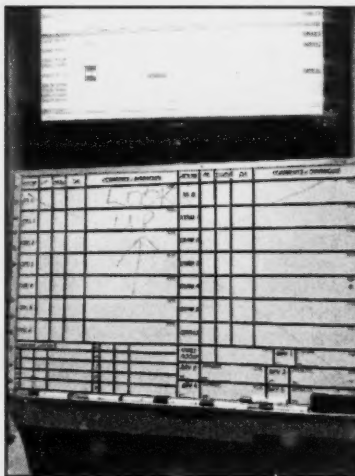
Critical incidents are managed in accordance with the Ministry of Health's Critical Incident Reporting Guideline and the Regional Health Services Act. A Critical Incident investigation will often include a Root Cause Analysis, with recommendations for changes to reduce the risk for harm to a patient.

In addition to monitoring and reporting on health care services, patient experience and outcomes, the Region is responsible for the management of financial resources. In 2010-2011, Prince Albert Parkland had operating expenditures in excess of \$189 million. Approximately 94 per cent of the Region's funding is from the Ministry of Health or other provincial government sources. The bulk of the remaining amount is from patient fees for long-term care residents and home care clients—with those fees regulated by the Ministry of Health.

The Region presents an operating budget to the Board for approval. The budget is then forwarded to the Ministry of Health for review. The operating results are compared to the budget throughout the year and variances are explained. Corrective measures are undertaken where possible to stay as close to the budget as possible. During the budget development, cost analysis includes a review of all costs, comparative analysis of costs to other regions and internally to ensure balanced and fair treatment for all of the facilities in the Prince Albert Parkland Health Region. Past examples of cost analysis include implementation of programs to reduce wage driven premiums, sick and WCB absences and constant monitoring to ensure that the programs are functioning effectively.

Prince Albert Parkland Health Region had an operating surplus of \$2,327,770 for the year ended March 31, 2011. The region has struggled with deficits since the region was created in August 2002. A combination of increased provincial funding and a variety of regional initiatives such as the attendance management program supported by the entire organization has led to the current positive position.

PAPHR revenue is over budget \$13,777,618 for the full year. Base funding is over budget by \$12,028,952. Base funding increased due to the settlement and funding of the Canadian Union of Public Employees (CUPE) collective bargaining agreement, provision of increased funding for out-of-scope salary increases, changes in accounting for funds that are received in the base but targeted for capital purposes and an increase recognition of deferred revenue due to increased program expenditures.



New technology

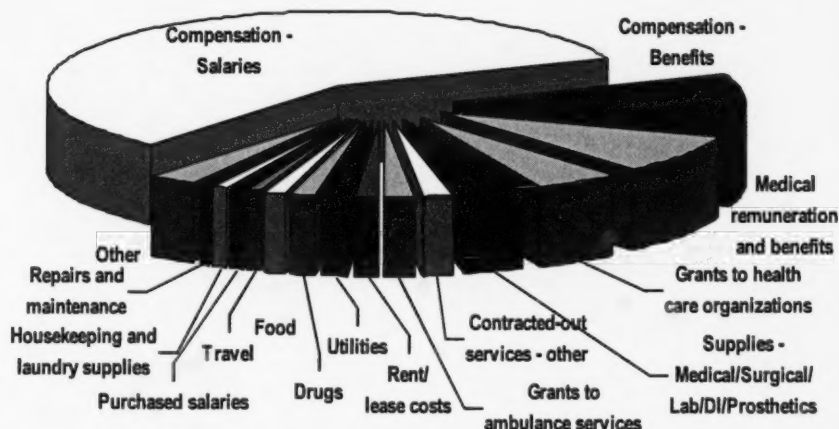
The Victoria Hospital Emergency Department implemented elements of Sunrise Clinical Manager, an electronic medical record, in March 2011. One of the features is a new electronic tracking board for patients. Information about each patient in the emergency room is available in one place and is updated regularly. The information is only available when a patient is in the Emergency Department.

Progress in 2010-11

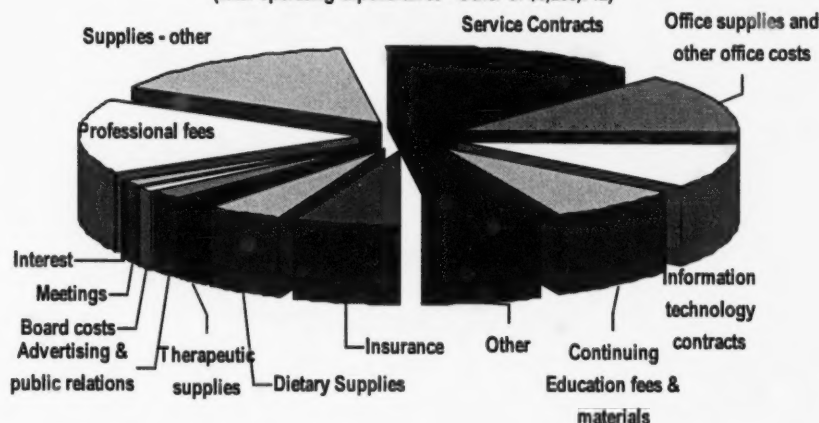
Expenditures are over budget \$8.3 million for the full fiscal year. In 2010-11 there were unbudgeted (but Ministry of Health funded) increases in salary and benefit costs for out-of-scope and CUPE employees. The CUPE agreement was retroactive to April 1, 2008. The Region received \$6,040,000 for retroactive salaries up to March 31, 2010 (in the 2009-10 fiscal year); therefore, final impact of the CUPE collective agreement is \$5,500,000 in operating expenses in the 2010/2011 fiscal year.

The increase in the vacation pay liability was \$1,586,910 for the fiscal year. This increase is more than twice the increase in any of the last six fiscal years due to increased salaries throughout the region.

PAPHR 2010-2011 by Object Code (total operating expenditures of \$189,541,770)



PAPHR 2010-2011 by Object Code
(total operating expenditures - Other of \$5,280,712)



The Region's expenditures has increased from \$126.8 million in 2005-2006 to \$189.5 million in 2010-2011—and increase of 49.4 per cent. Staff salaries and benefits (including mandatory benefits such as Canada Pension Plan, Employment Insurance and Workers' Compensation Board) have risen from \$85.2 million in 2005-2006 to \$130.9 million in 2010-2011—an increase of 53.6 per cent.

The increase in staff compensation and benefits would have been greater if the Region had not reduced WCB premiums in the past two years due to reduction in workplace injuries and lost-time days.

Also for the same period, physician compensation and benefits increased 56.3 per cent—from \$10.3 million in 2005-2006, to \$16.1 million in 2010-2011.

Combined, compensation for Prince Albert Parkland Health Region employees and physicians accounts for more than 77 per cent of annual expenditures. This does not include the salary costs that are part of the funding for ambulance services and other health care organizations (including affiliates).

The Region also provides funding for professional fees and continuing education as required by collective agreements and through the Region's own policies.

Through the successes and challenges, the Prince Albert Parkland Health Region is committed to high standards of quality and effectiveness. The Region's employees, physicians and volunteers are committed to providing the best quality of care in a safe environment.

Management Report

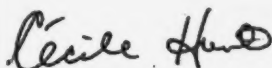
PRINCE ALBERT PARKLAND HEALTH REGION REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

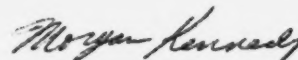
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Cecile Hunt
Chief Executive Officer



Morgan Kennedy
Chief Financial Officer



Auditor's Report

Independent Auditors' Report

To the Board of Directors of Prince Albert Parkland Regional Health Authority:

We have audited the accompanying financial statements of Prince Albert Parkland Regional Health Authority, which comprise the statement of financial position as at March 31, 2011 and the statements of operations and changes in fund balances, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2011 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Prince Albert, Saskatchewan

May 20, 2011

Meysie Norris Penny LLP

Chartered Accountants

Financial statements

For the Year Ended March 31, 2011

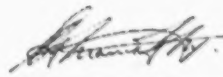
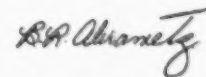
Financial statements

Statement 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION As at March 31, 2011

	Operating Fund	Restricted Funds Capital Fund	Community Trust Fund	Total 2011	Total 2010 (Note 11)
ASSETS					
Current assets					
Cash and short-term investments	\$ 19,274,801	\$ 33,695,440	\$ 137,054	\$ 53,107,295	\$ 33,869,056
Accounts receivable					
Ministry of Health - General	550,014	-	-	550,014	68,830
Revenue Fund					
Other	1,385,699	872,267	2,850	2,260,816	3,911,214
Inventory	1,041,465	-	-	1,041,465	1,120,394
Prepaid expenses	654,722	-	-	654,722	950,676
	<u>22,906,701</u>	<u>34,567,707</u>	<u>139,904</u>	<u>57,614,312</u>	<u>40,120,170</u>
Long term receivables (Note 3)	-	-	694,723	694,723	692,493
Investments (Schedule 2)	-	-	679,576	679,576	664,832
Capital assets (Note 4)	-	57,910,226	-	57,910,226	56,916,470
Total Assets	\$ 22,906,701	\$ 92,477,933	\$ 1,514,203	\$116,898,837	\$ 98,393,965
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	\$ 10,484,478	\$ 103,846	\$ -	\$10,588,324	\$ 8,527,578
Other Payable - Prince Albert Grand Council	2,596,810	-	-	2,596,810	4,390,142
Accrued salaries	6,379,516	-	-	6,379,516	9,837,255
Vacation payable	10,578,932	-	-	10,578,932	8,959,656
Bank Loan Payable - Current (Note 6)	-	161,000	-	161,000	154,000
Mortgages payable - Current (Note 6)	-	442,198	-	442,198	415,592
Deferred revenue (Note 7)	6,984,785	-	-	6,984,785	5,147,155
	<u>37,024,521</u>	<u>707,044</u>	<u>-</u>	<u>37,731,565</u>	<u>37,431,378</u>
Long Term Liabilities					
Bank Loan Payable (Note 6)	-	4,120,000	-	4,120,000	4,281,000
Mortgages payable (Note 6)	-	6,225,405	-	6,225,405	6,694,810
Total Liabilities	37,024,521	11,052,449	-	48,076,970	48,407,188
Fund Balances:					
Invested in capital assets	-	46,961,623	-	46,961,623	44,144,973
Externally restricted (Schedule 3)	-	29,984,252	1,514,203	31,498,455	15,940,143
Internally restricted (Schedule 4)	-	4,479,609	-	4,479,609	5,183,434
Unrestricted	(14,117,820)	-	-	(14,117,820)	(15,281,773)
Fund balances - (Statement 2)	<u>(14,117,820)</u>	<u>81,425,484</u>	<u>1,514,203</u>	<u>68,821,867</u>	<u>49,986,777</u>
Total Liabilities & Fund Balances	\$ 22,906,701	\$ 92,477,933	\$ 1,514,203	\$116,898,837	\$ 98,393,965
Commitments (Note 5)					
Pension Plan (Note 12)					
Asset Retirement Obligations (Note 5)					

Approved by the board of directors

Financial statements

Statement 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES As at March 31, 2011

	Operating Fund		
	Budget 2011	2011	2010 (Note 11)
REVENUES			
Ministry of Health - general	\$ 167,833,000	\$ 179,861,952	\$138,859,018
Other provincial	465,000	2,086,158	4,795,855
Federal government	267,000	226,880	266,685
Funding from other provinces	-	-	-
Special funded programs	1,216,000	819,223	1,048,565
Patient fees	6,429,000	5,986,329	6,197,905
Out of province (reciprocal)	606,000	519,335	605,627
Out of country	-	11,126	77,434
Donations	-	99,474	258,788
Investment	150,000	333,013	152,025
Ancillary	1,074,620	1,125,682	1,022,100
Recoveries	3,035,400	3,771,829	2,944,173
Unrealized gain - financial instruments	-	-	-
Other	192,700	205,337	186,842
Total revenues	181,268,720	195,046,338	156,415,017
EXPENSES			
Province wide acute care services	2,758,521	2,942,067	2,313,370
Acute care services	71,907,976	75,906,353	74,337,138
Physician compensation - acute	11,697,532	13,303,286	11,418,776
Supportive care services	38,895,734	41,385,174	41,629,917
Home based service - supportive care	9,373,184	9,374,258	9,455,023
Population health services	5,477,093	5,627,843	5,447,353
Community care services	14,552,722	12,918,847	12,700,208
Home Based Services - acute & palliative	1,396,176	1,387,018	1,374,813
Primary health care services	4,281,785	3,082,291	2,893,586
Emergency response services	3,013,566	3,186,068	2,992,478
Mental health services - inpatient/residential	5,183,552	4,612,247	4,068,730
Addictions services - residential	-	1,334,315	-
Physician compensation - community	2,043,800	3,119,021	2,199,850
Program support services	9,134,116	9,769,435	9,086,053
Special funded programs	911,305	952,455	921,127
Ancillary	641,658	641,092	594,476
Total expenses (Schedule 1)	181,268,720	189,541,770	181,432,898
Excess (Deficiency) of revenues over expenses	-	5,504,568	(25,017,881)
Fund Balances, beginning of year		(15,281,673)	(14,891,577)
Interfund transfers (Note 15)		(4,340,715)	24,627,785
Fund balances, end of year		\$ (14,117,820)	\$ (15,281,673)

Financial statements

Statement 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES As at March 31, 2011

	Restricted Funds			
	Capital Fund 2011	Community Trust Fund 2011	Total 2011	Total 2010 (Note 11)
REVENUES				
Ministry of Health - general	\$17,535,778	\$ -	\$ 17,535,778	\$ 3,835,697
Other provincial	-	-	-	-
Federal government	282,781	-	282,781	264,842
Funding from other provinces	-	-	-	-
Special funded programs	-	-	-	-
Patient fees	-	-	-	-
Out of province (reciprocal)	-	-	-	-
Out of country	-	-	-	-
Donations	477,143	-	477,143	718,000
Investment	364,523	18,544	383,067	713,161
Ancillary	-	-	-	-
Recoveries	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-
Other	11,567	-	11,567	29,756
Total revenues	<u>18,671,792</u>	<u>18,544</u>	<u>18,690,336</u>	<u>5,561,456</u>
EXPENSES				
Province wide acute care services	-	-	-	-
Acute care services	3,340,633	-	3,340,633	3,447,854
Physician compensation - acute	-	-	-	-
Supportive care services	1,420,220	-	1,420,220	1,654,094
Home based service - supportive care	19,126	-	19,126	42,843
Population health services	-	-	-	-
Community care services	144,734	-	144,734	27,776
Home Based Services - acute & palliative	2,772	-	2,772	4,298
Primary health care services	45,736	-	45,736	46,069
Emergency response services	175,140	-	175,140	-
Mental health services - inpatient/residential	-	-	-	-
Addictions services - residential	-	-	-	-
Physician compensation - community	-	-	-	-
Program support services	107,289	-	107,289	317,693
Special funded programs	-	-	-	-
Ancillary	104,164	-	104,164	110,872
Total expenses (Schedule 1)	<u>5,359,814</u>	<u>-</u>	<u>5,359,814</u>	<u>5,651,499</u>
Excess (Deficiency) of revenues over expenses	13,311,978	18,544	13,330,522	(90,043)
Fund Balances, beginning of year	63,772,791	1,495,659	65,268,450	89,986,279
Interfund transfers (Note 15)	4,340,715	-	4,340,715	(24,627,786)
Fund balances, end of year	<u>\$81,425,484</u>	<u>\$1,514,203</u>	<u>\$ 82,939,687</u>	<u>\$ 65,268,450</u>

Financial statements

Statement 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW*
As at March 31, 2011

	Operating Fund		Restricted Funds			
	2011	2010 (Note 11)	Capital Fund	Community Trust Fund	Total 2011	Total 2010 (Note 11)
Cash Provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (Deficiency) of revenues over expenses	\$ 5,504,568	\$(25,017,881)	\$13,311,978	\$ 18,544	\$13,330,522	\$ (90,043)
Net change in non-cash working capital (Note 8)	3,000,341	5,509,526	(992,248)	355	(991,893)	(1,067,583)
Amortization of capital assets	-	-	4,678,797	-	4,678,797	5,077,693
Investment income on long-term investments	-	-	-	-	-	-
(Gain) / loss on disposal of capital assets	-	-	(24,683)	-	(24,683)	21,508
	<u>8,504,909</u>	<u>(19,508,355)</u>	<u>16,973,844</u>	<u>18,899</u>	<u>16,992,743</u>	<u>3,941,575</u>
Purchase of capital assets						
Land and leasehold improvements	-	-	-	-	-	(59,891)
Buildings/construction	-	-	(261,438)	-	(261,438)	(1,412,099)
Equipment	-	-	(1,328,219)	-	(1,328,219)	(2,600,467)
Construction in Progress	-	-	(4,082,896)	-	(4,082,896)	(4,081,365)
Proceeds on disposal of capital assets						
Land and leasehold improvements	-	-	24,683	-	24,683	-
Equipment	-	-	-	-	-	11,440
Purchase of long-term investment	-	-	-	(14,744)	(14,744)	(15,958)
	<u>-</u>	<u>-</u>	<u>(5,647,870)</u>	<u>(14,744)</u>	<u>(5,662,614)</u>	<u>(8,158,340)</u>
Proceeds of debt	-	-	-	-	-	4,509,000
Repayment of debt	<u>-</u>	<u>-</u>	<u>(596,799)</u>	<u>-</u>	<u>(596,799)</u>	<u>(497,371)</u>
	<u>-</u>	<u>-</u>	<u>(596,799)</u>	<u>-</u>	<u>(596,799)</u>	<u>4,011,629</u>
Net increase (decrease) in cash & short term investments during the year	8,504,909	(19,508,355)	10,729,175	4,155	10,733,330	(205,136)
Cash & short term investments, beginning of year	15,110,607	9,991,177	18,625,550	132,899	18,758,449	43,591,371
Interfund transfers (Note 15)	(4,340,715)	24,627,785	4,340,715	-	4,340,715	(24,627,786)
Cash & short term investments, end of year (Schedule 2)	<u>\$19,274,801</u>	<u>\$ 15,110,607</u>	<u>\$33,695,440</u>	<u>\$ 137,054</u>	<u>\$33,832,494</u>	<u>\$18,758,449</u>

*Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).

Financial statements

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association	Blaine Lake Ambulance
Cooperative Health	Parkland Ambulance
Family Futures	Spiritwood Ambulance
Prince Albert Mobile Crisis Unit	M.L.C.N Elders Care Home Inc.
PA Early Childhood Intervention	S.H.A.R.E

Note 10b (i) provides disclosure of payments to prescribed HCOs and third Parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act of Canada):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

Financial statements

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS

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iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under the Income Tax Act of Canada.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information of the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

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Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land improvements and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

g) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans, or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

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i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As of March 31, 2011 (2010 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

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j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Long-Term Receivable

Community Trust:

The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the Pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2011	2010
Kinistino and District Health Foundation Inc.	\$ 594,723	\$ 592,493
Birch Hills and Area Health Care Foundation Inc.	100,000	100,000
	<u>\$ 694,723</u>	<u>\$ 692,493</u>

4. Capital Assets

	March 31, 2011			March 31, 2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 621,079	\$ -	\$ 621,079	\$ 644,796
Land Improvements & Leasehold Improvements	1,297,911	824,846	473,065	515,170
Buildings	89,666,135	47,626,136	42,039,999	39,268,932
Equipment	32,247,332	24,019,399	8,227,933	9,205,307
Construction in progress	6,548,150	-	6,548,150	7,282,265
	<u>\$ 130,380,607</u>	<u>\$ 72,470,381</u>	<u>\$ 57,910,226</u>	<u>\$ 56,916,470</u>

5. Commitments

a) Capital Asset Acquisitions

At March 31, 2011, commitments for acquisition of capital assets were \$277,940 (2010 - \$276,465). As at March 31, 2011, the Ministry of Health provided funding in the amount of \$17,300,000 (2010 - \$3,300,000) to be used to construct two long term care facilities. (Pineview Terrace Lodge - Prince Albert, & Parkland Terrace/Shellbrook Hospital)

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next 5 years are as follows:

2012	660,375
2013	440,575
2014	388,225
2015	355,120
2016	354,064

c) Asset Retirement Obligations

The RHA has identified asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

d) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2011. Note 10 b) provides supplementary information on Health Care Organizations.

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2011	2010
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	\$95,038 principal & interest of which \$24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	\$ 620,594	\$ 686,101
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	\$51,714 principal & interest of which \$13,112 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	493,573	522,375
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	\$26,719 principal & interest of which \$4,990.56 is subsidized directly by SHC – Mortgage renewal date – February 1, 2030.	246,381	250,975
Idylwild Lodge CMHC due June 1, 2020	4.69%	\$122,699 principal & interest of which \$33,035 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	921,080	999,006

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2011	2010
Jubilee Lodge CMHC, due November 1, 2020	4.32%	\$55,261 principal & interest of which \$15,045 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016.	436,642	472,367
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	\$11,341 principal & interest	42,498	51,437
Lakewood Lodge CMHC, due September 1, 2021	4.69%	\$108,777 principal & interest of which \$29,437 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016.	902,433	967,628
Parkland Terrace CMHC, due April 1, 2027	8.00%	\$43,944 principal & interest, with an amount of \$27,255 forgivable at \$1,553 per year over the life of the mortgage if regular payments are made. Mortgage renewal date – April 1, 2027.	427,725	440,985
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	\$43,506 principal & interest of which \$11,063 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015.	363,397	389,902
Wheatland Lodge CMHC, due April 1, 2026	4.69%	\$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016.	1,077,306	1,125,515
Whispering Pine Place CMHC, due July 1, 2023	4.39%	\$119,187 principal & interest of which \$29,756 is subsidized by SHC. Mortgage renewal date – June 1, 2015.	1,135,974	1,204,111
			6,667,603	7,110,402
Less:				
Current portion			442,198	415,592
			\$6,225,405	\$6,694,810

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgages of Idyllwild Lodge, Evergreen

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Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2012	\$ 442,198	2015	\$ 523,237
2013	\$ 470,553	2016	\$ 555,002
2014	\$ 500,813	2017 and subsequent	\$ 4,175,800

Loan for Energy Efficiency Renovations

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March 31st, 2011 was \$4,281,000 (2010, \$4,435,000). The loan bears a blended interest rate of 5.03% (3.99% fixed rate). The terms of the loan require monthly principal and interest payments of \$31,140.

Principal repayments required in each of the next five years are estimated as follows:

2012	\$ 161,000	2015	\$ 188,000
2013	\$ 169,000	2016	\$ 198,000
2014	\$ 179,000	2017 and subsequent	\$ 3,386,000

7. Deferred Revenue

	Balance Beginning of Year	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Sask Health Initiatives					
Saskatchewan Health - General Revenue Fund					
Aboriginal Awareness Funding	\$ -	\$ 25,000	\$ -	\$ -	\$ 25,000
Autism Intervention Training	14,359	-	-	-	14,359
Autism Spectrum Disorders Services	411,486	224,000	-	149,756	485,730
Children's Mental Health	418,040	-	297,145	-	120,895
Cont. Education/Development	37,306	-	25,917	-	11,389
Epidemiological Monitoring	50,000	-	-	-	50,000
Family Treatment & Social Detox	98,118	-	-	-	98,118
Fetal Alcohol Spectrum Disorder	-	2,000	-	1,819	181
Healthy Workplace Action Strategy	96,232	-	75,240	-	20,992
Hemiplegia Education Event	9,143	-	6,913	-	2,230
HIV Strategy	-	526,000	-	-	526,000
Immunization Programs	95,545	24,190	-	1,452	118,283
Infection Control	78,707	69,304	-	-	148,011

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	Balance Beginning of Year	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Literacy Training Program	-	20,000	-	2,475	17,525
Mental Health Home Enhancements	1,868	168,150	-	2,875	167,143
Methadone Dispensary	36,540	-	36,540	-	-
Muskeg Lake	-	375,000	-	250,895	124,105
National Ambulatory Care System	105,000	-	85,000	-	20,000
Nursing Manager Compensation	-	164,135	-	-	164,135
Nursing Mentorship	262,062	166,000	157,933	130,541	139,588
Pandemic	116,000	-	23,496	-	92,504
Paramedic - HSAS	17,250	-	17,250	-	-
Patient Family Centred Care	-	10,000	-	-	10,000
Picture Exchange	-	13,000	-	9,808	3,192
Primary Care	229,142	31,133	-	-	260,275
A & D Initiatives	1,410,910	-	169,944	-	1,240,966
Quality Health Workplace	58,216	12,000	3,866	-	66,350
Recruitment Initiatives	150,000	-	-	-	150,000
Safe Needle Cleanup	42,152	22,000	6,159	-	57,993
Safety Training	77,167	-	29,438	-	47,729
Shared Decision Making	-	10,000	-	-	10,000
Surgical Initiatives	-	1,526,633	-	-	1,526,633
Virtual Falls Prevention	-	500	-	-	500
Total Sask Health	\$3,815,243	\$ 3,389,045	\$ 934,841	\$ 549,621	\$ 5,719,826
Non Sask Health Initiatives					
Acquired Brain Injury	\$ 270,695	\$ 793,516	\$ 805,435	\$ -	\$ 258,776
Cognitive Disabilities (Consultant)	39,047	98,146	-	82,150	55,043
Community Addictions	35,000	70,000	-	-	105,000
Corrections	267,255	270,000	18,870	270,000	248,385
Health Promotions	753	-	753	-	-
Integrated Case Management Training	7,300	-	1,488	-	5,812
LEAN	307,474	-	196,729	-	110,745
Literacy Training Program	-	13,600	-	4,883	8,717
Nursing Recruitment	371,733	-	31,688	-	340,045
Releasing Time to Care	30,234	-	17,492	-	12,742
SAHSN	-	20,000	-	-	20,000
Other	2,422	99,783	2,422	89	99,694
Total Non Sask Health	\$1,331,913	\$ 1,365,045	\$ 1,074,877	\$ 357,122	\$ 1,264,959
Total Deferred Revenue	\$5,147,156	\$ 4,754,090	\$ 2,009,718	\$ 906,743	\$ 6,984,785

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

8. Net Change in Non-Working Capital

	Operating Fund		Restricted Funds			
	2011	2010	Capital	Community	Total 2011	Total 2010
(Increase)						
Decrease in ac- counts receivable	\$ 1,082,628	\$ (485,857)	\$ 284,001	\$ 355	\$ 284,356	\$ 417,111
(Increase)						
Decrease in inventory	78,929	(368,557)	-	-	-	-
(Increase)						
Decrease in prepaid expenses	295,954	(283,637)	-	-	-	-
Increase						
(Decrease) in accounts payable	4,376,634	(1,117,300)	(1,276,249)	-	(1,276,249)	(1,484,694)
Increase						
(Decrease) in accrued salaries	(6,290,710)	6,724,722	-	-	-	-
Increase						
(Decrease) in vacation payable	1,619,276	733,740	-	-	-	-
Increase						
(Decrease) in interfund loans	-	-	-	-	-	-
Increase						
(Decrease) in deferred revenue	1,837,630	306,415	-	-	-	-
	<u>\$ 3,000,341</u>	<u>\$ 5,509,526</u>	<u>\$ (992,248)</u>	<u>\$ 355</u>	<u>\$ (991,893)</u>	<u>\$ (1,067,583)</u>

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2011 was \$134,598 (2010 - \$113,742). These amounts are not reflected in the financial statements.

	2011	2010
Patient / resident	\$ 104,471	\$ 84,768
Leoville Union Hospital -Pre-amalgamation	30,127	28,974
	<u>\$ 134,598</u>	<u>\$ 113,742</u>

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

	2011	2010		2011	2010
Accounts Receivable			Expenditures		
Co-operative Health Centre	33,640	-	Canadian Mental Health	\$ 162,162	\$ 169,354
S.A.H.O.	\$ -	\$ 1,071,000	Ministry of Finance	111,252	238,421
Sask Health Info Network	583,819	310,632	Ministry of Government Services	726,198	653,441
WCB	95,194	201,100	North Sask Laundry	2,425,404	2,459,030
	<u>\$ 679,013</u>	<u>\$ 1,582,732</u>	Prairie North Health Region	176,449	7,057
			Public Employees Pension	345,084	348,947
Accounts Payable			S.A.H.O.	7,424,688	6,660,042
Ministry of Finance	-	11,846	Sask Energy	692,621	755,661
Ministry of Government Services	\$ 52,793	\$ 23,170	Sask Mobility	137,557	147,724
North Sask Laundry	509,592	203,732	Sask Power	1,273,785	1,575,752
Prairie North Health Region	94,000	-	Sask Tel	347,951	346,967
SAHO	577,722	518,720	SHEPP	13,927,088	11,475,064
Sask Energy	92,101	80,266	WCB	<u>1,872,415</u>	<u>1,825,572</u>
Sask Power	680	48,123		<u>\$29,622,654</u>	<u>\$26,663,032</u>
Sask Tel	16,196	31,122			
SHEPP	1,083,413	868,321			
WCB	844,251	982,553			
	<u>\$ 3,270,748</u>	<u>\$ 2,767,853</u>			

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

	2011	2010		2011	2010
Revenues			Pre-Paid Expenses		
Co-operative Health Centre	\$ 93,473	\$ 60,984	North Sask Laundry	\$ -	\$ 114,070
North Sask Laundry	246,997	213,376	S.A.H.O.	-	119,710
S.A.H.O. (Nursing Recruitment)	1,357,000	3,301,003	WCB	407,423	442,230
S.G.I.	944,613	955,694		<u>\$ 407,423</u>	<u>\$ 676,010</u>
WCB	250,256	287,891			
	<u>\$ 2,892,339</u>	<u>\$ 4,757,964</u>			

* only significant/material amounts are listed in this table (greater than \$20,000)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2011	2010
Canadian Mental Health Association	\$ 162,162	\$ 169,354
Cooperative Health	328,074	302,683
Family Futures	48,551	47,719
M.L.C.N Elders Care Home Inc	250,000	750,000
Prince Albert Mobile Crisis Unit	71,239	70,534
Prince Albert Early Childhood Intervention	44,699	44,256
S.H.A.R.E.	523,820	511,911
Blaine Lake Ambulance	281,717	279,121
Parkland Ambulance	2,059,174	2,260,235
Spiritwood Ambulance	762,712	769,038
	<u>\$4,532,148</u>	<u>\$5,204,851</u>

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2011	2010
Mont St. Joseph Home Inc.	\$7,293,803	\$6,813,302

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2011 and 2010.

Mont. St. Joseph Home Inc.:

	2011	2010
Balance Sheet		
Assets	\$ 825,828	\$ 522,461
Net Capital Assets	9,814,312	10,123,654
Total Assets	\$ 10,640,140	\$ 10,646,115
Total Liabilities	\$ 1,538,391	\$ 1,384,924
Total Net Assets (Fund Balances)	9,101,749	9,261,191
	\$ 10,640,140	\$ 10,646,115
Results of Operations		
RHA Grant	\$ 7,923,803	\$ 6,813,302
Other Revenue	1,937,569	1,957,008
Total Revenue	\$ 9,861,372	\$ 8,770,310
Salaries & Benefits	\$ 8,118,596	\$ 7,064,481
Other Expenses*	1,902,218	1,923,922
Total Expenses	\$ 10,020,814	\$ 8,988,403
Excess Revenue over Expenses	\$ (159,442)	\$ (218,093)

*Other Expenses includes amortization of \$0 (2010 - \$428,273)

Cash Flows

Cash from Operations	\$ 581,678	\$ 59,933
Cash used in Financing Activities	(2,555)	(2,365)
Cash used in Investing Activities	(129,379)	(220,035)
Increase (decrease) in cash	\$ 449,744	\$ (162,467)

*Cash used in investing activities includes capital purchases of \$123,379 (2010 - \$220,035)

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, \$493,890 (2010-\$690,844) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of \$354,113 (2010 - \$1,171,807) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2011 and 2010 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2011	2010
Total Assets	\$ 762,430	\$ 624,306
Total Liabilities	213,531	73,321
Total Net Assets (Fund Balances)	548,899	550,985
	<u>\$ 762,430</u>	<u>\$ 624,306</u>

Results of Operations	2011	2010
Total Revenue	559,340	749,231
Salaries & Benefits	177,862	173,403
Other Expenses*	383,564	1,271,101
Total Expenses*	561,426	1,444,504
Excess Revenue over Expenses	<u>\$ (2,086)</u>	<u>\$ (695,273)</u>

*Total Expenses include contributions of \$303,268 (2010 - \$1,171,807) to the Regional Health Authority and amortization of \$2,652 (2010 - \$7,268)

Cash Flows	2011	2010
Cash From Operations	\$ 139,546	\$ (707,057)
Cash Used in Financing Activity		
Cash Used in Investing Activity*	-	-
Increase (decrease) in cash	<u>\$ 139,546</u>	<u>\$ (707,057)</u>

*Investing Activities includes capital purchases of \$0 (2010 - \$0)

11. Comparative Information

Certain 2009-10 balances have been reclassified to conform to the current year's presentation.

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PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS

March 31, 2011

12. Pension Plan

Employees of the RHA participate in one of the following pension plans:

- a) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
- b) Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
- c) Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation - Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2011			2010	
	SHEPP**	PSSP	PEPP	Total	Total
Number of active members	1,993	1	34	2,028	2,142
Member contribution rate, percentage of salary	7.2-9.6%*	7-9%*	5-7%*		
RHA contributions rate, percentage of salary	8.06-10.75%*	28.63-36.81%*	6.45-7%*		
Member contributions (thousands of dollars)	6,671	5	156	6,832	5,949
RHA contributions (thousands of dollars)	7,472	21	159	7,652	6,670

* Contribution rate varies based on employee group.

** Active members include all employees of the RHA, including those on leave of absence as of March 31, 2011. Inactive members are transferred to SHEPP and not included in these results.

***SHEPP had a contribution increase that affected both the members and the RHA in 2011.

13. Budget

The RHA Board approved the 2010-2011 budget plan on May 12, 2010.

14. Financial Instruments

- a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

Financial statements

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is \$7,049,486 (2010 - \$7,562,465) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of \$1,000,000 (2010 - \$1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2011 was \$15 (2010 - \$0).

Financial statements

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

15. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2011			2010		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capital asset purchases	-	-	-	-	-	-
SHC reserves	(91,506)	91,506	-	(60,971)	60,971	-
Ministry instructed transfer	-	-	-	24,800,000	(24,800,000)	-
Family Treatment Centre Funding	(1,668,000)	1,668,000	-	-	-	-
Energy Performance Loan payments	(396,000)	396,000	-	(91,000)	91,000	-
Mortgage Payments	(521,355)	21,355	-	-	-	-
Other	(1,663,854)	1,663,854	-	(20,244)	23,866	(3,623)
	<u>\$(4,340,715)</u>	<u>\$4,340,715</u>	<u>\$ -</u>	<u>\$24,627,785</u>	<u>\$(24,624,163)</u>	<u>\$ (3,623)</u>

16. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

17. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. June 1st, 2010 the Prince Albert Parkland Regional Health Authority entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company. To date the SaskPower Energy Solutions Company has not been able to provide results of yearly savings due to ongoing construction projects.

Financial statements

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2011

18. Natural Gas Supply Contracts

The Prince Albert Parkland Regional Health Authority has entered into natural gas supply contracts. Gas contracts in place for the Victoria Hospital for the period November 1st, 2010 to October 31st, 2012 guarantee pricing at \$4.99/gigajoule. Gas contracts in place for all other facilities for the period November 1st, 2009 to October 31st, 2011 guarantee pricing at \$7.45/gigajoule.

19. Collective Agreements

The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012. The CUPE contract is in effect until March 31, 2012.

20. Future Accounting Changes:

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

Financial statements

SCHEDULE 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY SCHEDULE OF EXPENDITURES BY OBJECT For the Year Ended March 31, 2011

	Budget 2011	Actual 2011	Actual 2010 (Note 11)
Advertising & public relations	108,808	90,980	140,600
Board costs	125,859	68,864	80,543
Compensation - Benefits:			
WCB employer premium	1,768,920	1,750,898	1,868,966
Other compensation benefits	18,624,470	19,761,167	16,524,489
Compensation - Salaries	104,391,615	109,376,474	106,617,967
Continuing Education fees & materials	286,075	419,015	221,890
Contracted-out services - other	3,383,638	3,203,891	3,131,671
Diagnostic imaging supplies	190,410	98,990	155,281
Dietary Supplies	122,721	225,226	204,624
Drugs	2,607,344	2,483,819	2,401,196
Food	2,341,329	2,277,164	2,313,265
Grants to ambulance services	2,964,350	3,157,759	2,970,100
Grants to health care organizations	8,180,975	8,902,336	8,187,520
Housekeeping and laundry supplies	1,184,076	1,363,897	1,279,172
Information technology contracts	856,842	519,258	998,608
Insurance	292,616	327,156	312,177
Interest	22,079	21,230	22,771
Laboratory supplies	1,090,469	1,154,233	1,166,743
Medical and surgical supplies	3,566,834	3,725,462	3,857,573
Medical remuneration and benefits:			
WCB employer premium	-	16,398	-
Other medical remuneration & benefits	14,826,043	16,125,501	13,678,194
Meetings	31,471	46,867	38,194
Office supplies and other office costs	761,187	683,045	771,058
Other	439,580	359,167	832,913
Professional fees	627,221	846,488	713,343
Prosthetics	994,891	1,006,314	957,585
Purchased salaries	1,351,361	1,534,317	1,614,210
Rent/lease costs	2,846,932	2,988,777	3,007,298
Repairs and maintenance	1,073,861	1,124,747	1,171,389
Service Contracts	728,042	784,205	702,304
Supplies - other	986,942	789,070	1,099,876
Therapeutic supplies	114,644	100,141	122,178
Travel	1,500,364	1,547,395	1,628,765
Utilities	2,876,751	2,661,519	2,640,435
Total Operating Expenses	\$ 181,268,720	\$ 189,541,770	\$ 181,432,898
Restricted:			
Amortization		\$ 4,678,797	\$ 5,077,693
Loss/(Gain) on disposal of fixed assets		(24,683)	21,508
Mortgage Interest		335,057	355,200
Other		370,643	197,098
		\$ 5,359,814	\$ 5,651,499

Financial statements

SCHEDULE 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY SCHEDULE OF INVESTMENTS For the Year Ended March 31, 2011

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	17,637,258			
CIBC - GIC	1,112,733	12/12/2012	2.29%	
CIBC - GIC	10,000,000	4/1/2011	2.40%	
RBC - Prince Albert	29,749			
Manulife Inv. Savings Account	2,118,441			
Bank of Nova Scotia GIC 1.85%	2,463,099	11/12/2011	1.85%	
Renaissance Savings Account	471,214			
Total Cash & Short Term Investments	33,832,494			
Long Term				
Shellbrook Credit Union	11,446	4/5/2012	1.66%	
Shellbrook Credit Union	15,194	9/18/2012	1.70%	
Shellbrook Credit Union	132,439	3/29/2012	1.15%	
Shellbrook Credit Union	161,134	6/1/2012	1.35%	
Shellbrook Credit Union	62,496	2/20/2013	2.25%	
Shellbrook Credit Union	59,023	3/14/2012	2.00%	
Shellbrook Credit Union	96,643	3/14/2012	1.61%	
Shellbrook Credit Union	59,290	5/7/2013	1.65%	
Shellbrook Scotia Bank	32,400	8/25/2012	3.32%	
Shellbrook Scotia Bank	41,863	2/20/2012	3.30%	
Shellbrook Credit Union Cash	7,648			
Total Long Term Investments	679,576			
Total Restricted Investments	\$ 34,512,070			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	\$ 11,185			
C.I.B.C. - Prince Albert, Sk	8,281,884			
Shellbrook Credit Union	21,934			
Marcelin Credit Union	31,110			
Leoville Credit Union	22,025			
Scotiabank (Kinistino)	66,292			
Spiritwood Credit Union	57,735			
CIBC - GIC	79,600	4/25/2011	4.62%	
CIBC - GIC	700,000	8/22/2011	1.70%	
CIBC - GIC	4,000,000	9/24/2012	1.92%	
CIBC - Wood Gundy Equity	188,582			
RES Toronto Dominion Bank	2,221,078	11/1/2012	1.90%	
RBC - PRN	3,351,608	3/11/2013	3.00%	
Renaissance Savings Account	241,768			
Total Cash & Short Term Investments	19,274,801			
Long Term				
Total Long Term Investments	\$ -			
Total Unrestricted Investments	\$ 19,274,801			
Total Investments	\$ 53,786,871			
Restricted & Unrestricted Totals				
Total Cash & Short Term	\$ 53,107,295			
Total Long Term	\$ 679,576			
Total Investments	\$ 53,786,871			

*Restricted Investments consist of:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Financial statements

SCHEDULE 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2011

COMMUNITY TRUST FUND EQUITY

	Balance, Beginning of Year	Investment and Other Revenue	Donation	Expenses	Withdrawals	Balance, End of Year
Kinistino and District Health Foundation Inc.	\$ 592,493	\$ 2,230	\$ -	\$ -	\$ -	\$ 594,723
The Birch Hills and Area Health Care Foundation Inc.	100,000	-	-	-	-	100,000
Shellbrook Union Hospital Board	637,967	11,855	-	-	-	649,822
Agnew Estate	32,207	610	-	-	-	32,817
Prince Albert Parkland Regional Health Authority	132,992	3,849	-	-	-	136,841
Total Community Trust Fund Externally Restricted Funds	\$1,495,659	\$ 18,544	\$ -	\$ -	\$ -	\$1,514,203

CAPITAL FUND

	Balance, Beginning of Year (Note 11)	Investment and Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Assets	Balance, End of Year
Family Treatment Centre - Alcohol & Addictions	\$8,086,700	\$ 151,065	\$2,033,000	\$ -	\$ (459,909)	9,810,856
Ministry of Health - Capital Projects (Pineview Terrace - Prince Albert, Parkland Terrace/Shellbrook Hospital)	2,531,423	47,289	14,000,000	-	(2,166,659)	14,412,053
Block Funding	3,099,861	57,907	960,000	-	(574,996)	3,542,772
Surgical Initiatives	-	-	611,000	-	-	611,000
Capital Equipment	726,500	13,571	1,594,000	-	(726,500)	1,607,571
Total Capital Externally Restricted Funds	\$14,444,484	\$ 269,832	\$19,198,000	\$ -	\$ (3,928,064)	\$29,984,252
Total Externally Restricted Funds	\$15,940,143	\$ 288,376	\$19,198,000	\$ -	\$ (3,928,064)	\$31,498,455

Financial statements

SCHEDULE 4

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES For the Year Ended March 31, 2011

	Balance, Beginning of Year (Note 11)	Investment Income Allocated	Annual Allocation from unre- stricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, End of Year
SHC Replacement Reserves						
Birchview Home	\$ 3,234	\$ 35	\$ 5,075	\$ -	\$ -	\$ 8,344
Hafford Special Care Centre	9,417	183	4,250	-	(5,250)	8,600
Herb Bassett Home	342,080	5,640	49,740	-	(52,589)	344,871
Idylwild Lodge	17,415	187	10,000	-	(8,500)	19,102
Jubilee Lodge	32,022	493	17,600	(231)	(9,851)	40,033
Jubilee Units	134,906	2,200	-	-	-	137,106
Lakewood Lodge	71,229	1,086	9,100	-	-	81,415
Parkland Terrace	102,574	1,640	-	(3,148)	(2,237)	98,829
Pineview Terrace Lodge	938	10	8,466	-	(9,414)	-
Pineview Terrace Units	55,671	1,630	20,000	(38,344)	(38,957)	-
Wheatland Lodge	40,163	573	7,750	(6,987)	-	41,499
Whispering Pine Place	42,104	597	8,235	-	(2,331)	48,605
Total SHC	851,753	14,274	140,216	(48,710)	(129,129)	828,404
Other Internally Restricted Funds						
Begin Estate	3,675	63	-	-	-	3,738
Ferris Estate	31,315	533	-	-	-	31,848
Herb Bassett Home Chapel	3,591	61	-	-	-	3,652
Parkland Terrace	70,986	1,202	-	-	-	72,188
Poole Estate	19,880	338	-	-	-	20,218
Printing Equipment	107,687	1,833	-	-	-	109,520
Renal	46,414	790	-	-	-	47,204
Smith Estate	80,708	1,559	-	-	-	82,267
Tadman Estate	31,018	522	-	-	-	31,540
Watsang Estate	11,283	192	-	-	-	11,475
Capital Purchases fund	3,925,124	73,324	1,663,854	(188,181)	(2,236,566)	3,237,555
Total Other	4,331,681	80,417	1,663,854	(188,181)	(2,236,566)	3,651,205
Total Internally Restricted Funds	\$ 5,183,434	\$ 94,691	\$ 1,804,070	\$ (236,891)	\$ (2,365,695)	\$4,479,609

Financial statements

SCHEDULE 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY SCHEDULE OF BOARD MEMBER REMUNERATION For the Year Ended March 31, 2011

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2011 Total	2010 Total
Chairperson								
Dobrowolsky, G	\$ 9,960	\$ 8,138	\$ 2,344	\$ 2,574	\$ -	\$ 965	\$23,981	\$29,365
Board Member								
Abrametz, B	-	4,675	254	558	-	178	5,665	3,937
Bighead, S.	-	1,300	50	283	-	41	1,674	1,606
Byrne, D.	-	425	-	-	-	-	425	3,189
Cadieu, G.	-	2,688	1,388	2,024	-	175	6,275	10,133
Code, D.	-	3,300	663	653	-	124	4,740	4,096
Ewanchuk, R.	-	5,088	1,763	4,213	-	276	11,340	9,804
Henderson, S.	-	200	-	88	-	3	291	1,396
Jurgens, A.	-	2,900	300	178	-	104	3,482	3,536
McFee, D.	-	2,400	75	368	-	70	2,913	2,726
Olson, J	-	5,400	2,200	2,028	-	336	9,964	7,337
Osmundson, G.	-	4,000	1,200	1,626	-	-	6,826	6,929
Total	\$ 9,960	\$ 40,514	\$ 10,237	\$ 14,593	\$ -	\$2,272	\$77,576	\$84,054

Financial statements

SCHEDULE 5

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE For the Year Ended March 31, 2011

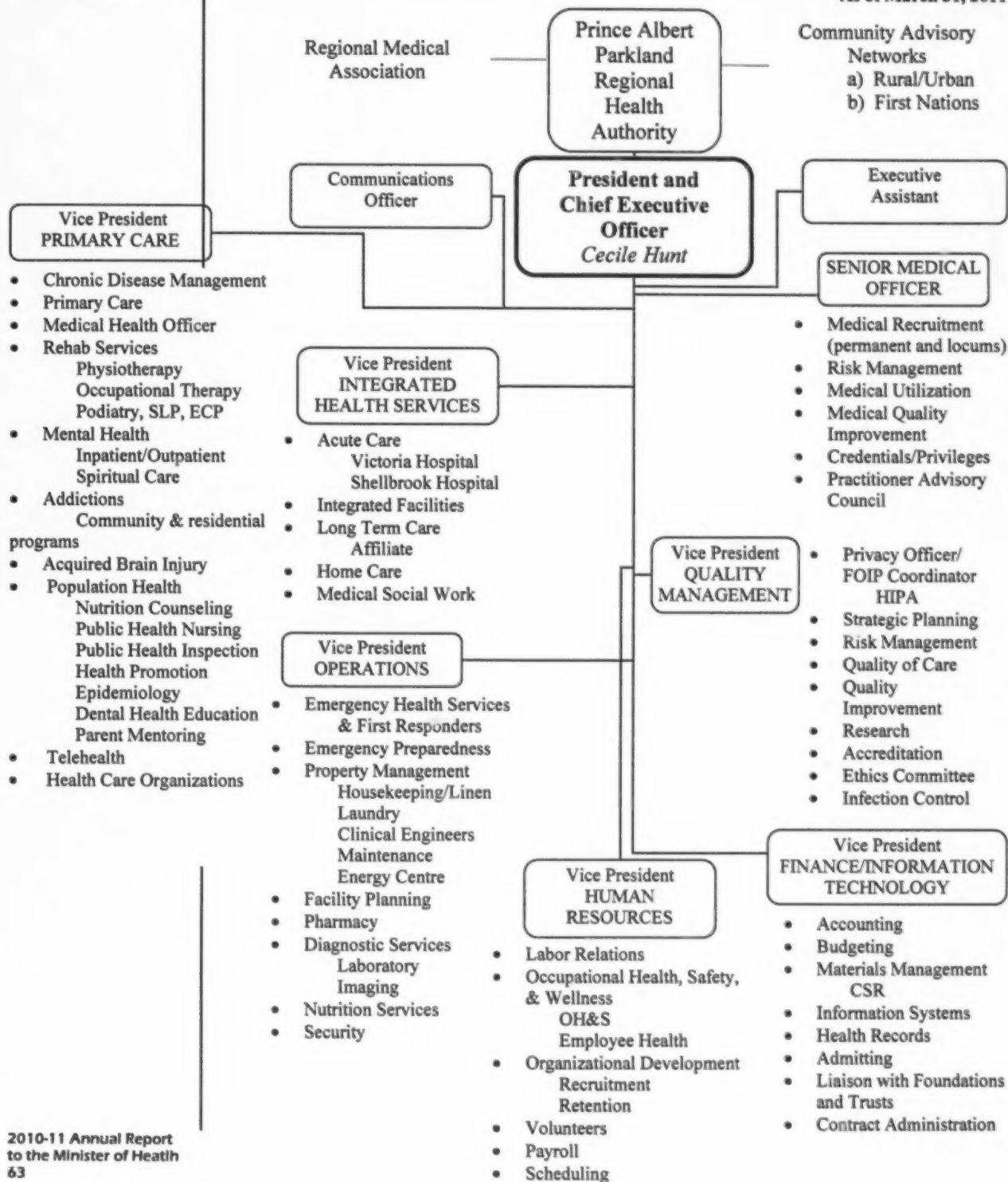
Senior Employees	2011					2010		
	Salaries ¹	Benefits and Allowances ²	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Cecile Hunt, CEO	\$ 264,341	\$ 4,002	268,343	\$ -	\$ 268,343	\$ 164,967	\$ -	\$ 164,967
Lynnda Berg, VP	172,321	66	172,387	-	172,387	140,053	-	140,053
Patricia Stuart, VP	153,373	66	153,439	-	153,439	120,509	-	120,509
John Piggott, VP	178,093	66	178,159	-	178,159	140,053	-	140,053
Carol Gregoryk, VP	170,046	66	170,112	-	170,112	125,183	-	125,183
Morgan Kennedy, VP	175,219	66	175,285	-	175,285	140,031	-	140,031
Jamie Callahan, VP	174,495	66	174,561	-	174,561	140,053	-	140,053
Doug Dahl, Communications Officer	71,331	66	71,397	-	71,397	59,587	-	59,587
Kathy Holmgren, Executive Assistant	60,532	66	60,598	-	60,598	59,587	-	59,587
Royeppen, E. Senior Physician Executive	160,619	-	160,619	-	160,619	139,285	-	139,285
Cross J, Senior Physician Executive	51,660	-	51,660	-	51,660	154,640	-	154,640
Dr. K. Chokani, Medical Health Officer	257,764	-	257,764	-	257,764	220,941	-	220,941
Dr. L. Lanoie, Medical Health Officer	-	-	-	-	-	24,423	-	24,423
Total	\$1,889,794	\$ 4,530	\$1,894,324	\$ -	\$1,894,324	\$1,629,312	\$ -	\$1,629,312

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

Appendix A: Organization Chart

As of March 31, 2011



Appendix B: Directory

PRINCE ALBERT

Acquired Brain Injury (ABI) Services

1521 6th Ave. West 765-6630
Facsimile 765-6657
Toll-free 1-866-899-9951

Prince Albert Parkland Health Region
Kelsey Trail Health Region
Keewatin Yatthe Health Region
Mamawetan Churchill River Health Region
Athabasca Health Authority

Addiction Services, Adult & Problem Gambling

2nd Floor - 101 15 St East 765-6550
Facsimile 765-6554

Addiction Services, Youth

2nd Floor - 101 15 St East 765-6565
Facsimile 765-6567

Bernice Sayese Primary Health Care Centre

1350 15th Avenue West 953-6490

Brief and Social Detox Centre

1200 24th St. West 765-6700
Facsimile 765-6701

Dermatology Prince Albert Parkland Health Region

2345 10th Ave. West 765-6317

Diabetes Education Centre

1521 6th Ave. West 765-6464

fitLife Cardio-Pulmonary Rehab Program

Room 200, 20 14th Street West
Phone 765-6590
Facsimile 765-6594

Health Promotion & Education

1521 6th Ave. West 765-6641
Or Phone 765-6627

Herb Bassett Home, Prince Albert

1220 25th St West 765-6000

Home Care Prince Albert Parkland Health Region

Unit D - 4050 2nd Ave. West 765-2450

Mental Health Outpatient Services

Victoria Square—2345 10th Ave. W.
Phone 765-6055
Facsimile 765-6349
Toll-free 1-888-765-6055

Mental Health Inpatient Services

Regional Mental Health Centre 765-6053

Pineview Terrace Long-term Care

701 13th St. West 765-6570

Corporate Office

1521 6th Ave. West S6V 5K1 765-6400
Facsimile 765-6401
Chief Executive Officer
Quality Management
Operations
Integrated Health Services
Communications 765-6409
Financial Services 765-6420
Regional Health Authority (Board) 765-6400
Human Resources 765-6430
Facsimile 765-6431
Primary Care, Spiritwood 883-4474
Senior Medical Officer 765-6403
Patient Safety and Quality Managers 765-6499
Facsimile 765-6401
Privacy and Freedom of Information Officer 883-4460
Volunteer Services 765-6010
Facsimile 765-2871

Public Health Inspection

1521 6th Ave. West 765-6600
Facsimile 765-6624
Medical Health Officer 765-6600

Public Health Nursing

2nd Floor, L.F. McIntosh Building, 800 Central Ave.
765-6500
Facsimile 765-6536
Dental Health Educator 765-6502
Hearing Aid Plan 765-6520
Immunization Clinic 765-6510
Prenatal Classes 765-6510
Travel Health Clinic 765-6506
Medical Health Officer 765-6600

Public Health Nutritionist

1521 6th Ave. West 765-6604

Sexual Health Clinic

101 15 St East 765-6540
Anonymous HIV Testing 765-6540
Hepatitis C Clinic 765-6545

Therapies

Victoria Hospital 765-6126
Physical Therapy
Occupational Therapy
Speech-Language Pathology
Podiatry
Facsimile 765-6284

Travel Health Clinic

McIntosh Mall 765-6506

Victoria Hospital

1200 24th St. West 765-6000
Toll Free—Prince Albert 1-800-922-1834
Facsimile 765-2871

Appendix B: Directory

BIG RIVER

Big River Health Centre

220 1st Ave. North 469-2220
Or Phone 469-2333
Facsimile 469-2193

Big River Primary Health Care Clinic

220 1st Ave. North 469-2055

Home Care

220 1st Ave. North 469-2220

Public Health Nursing Big River

220 1st Avenue North 469-2505
Facsimile 469-2603

BIRCH HILLS

Birch Hills Health Facility

3 Wilson Street

Birch Hills Primary Health Care Clinic 749-3331
Facsimile 749-2440

Birchview Home

749-2288
Or Phone 749-3488
Facsimile 749-2406

Director of Care

749-3565

Mental Health/ Addictions

749-3302

BLAINE LAKE

Blaine Lake Primary Health Care Clinic

307 Main St. 497-2494
Facsimile 497-2557

Home Care

307 Main St 497-2664

CANWOOD

Whispering Pine Place

300 1st Ave 468-2900
Facsimile 468-2199

DEBDEN

Home Care

4 - 204 2nd Ave. East 724-2110

HAFFORD

Hafford Special Care Centre and Primary Care Site

213 South Ave East 549-2108

Administration 549-2103

Facsimile 549-2104

Hafford Primary Health Care Clinic

549-2323

Clinic Facsimile 549-4660

Home Care

213 South Ave East 549-4266

KINISTINO

Kinistino Primary Health Care Clinic

401 Meyers Ave. 864-2212

Facsimile 864-3220

Jubilee Lodge

401 Meyers Ave. 864-2851

Facsimile 864-3220

LEASK

Home Care

Hwy 40 466-2280

Wheatland Lodge

Hwy 40 466-4949

Facsimile 466-2209

LEOVILLE

Evergreen Health Centre

1st Ave 984-2136

Facsimile 984-2046

CANDLE LAKE

Health Centre, Nurse Practitioner

929-2414

SHELLBROOK

Home Care

211 2nd Ave. West 747-4266

Parkland Terrace Long-term Care Facility

114 5th Ave. West 747-4290

Facsimile 747-3586

Shellbrook Hospital

211 2nd Ave West 747-2603

Facsimile 747-3004

Community Services

747-4363

Addiction Services 747-4275

Dietitian 747-6206

Director Primary Health Care 747-6206

Mental Health Services 747-4278

Therapies 747-6204

Or Phone 747-6203

Public Health Nursing

211 2nd Avenue West 747-4363

Facsimile 747-3004

SPIRITWOOD

Home Care

400 1st East 883-4266

Health Region Administration

400 1st St. East 883-4474

Facsimile 883-4440

Public Health Nursing

400 1st Street East 883-4470

Facsimile 883-4440

Spiritwood and District Health Complex

400 1st East 883-2133

Facsimile 883-4440

Toll Free—Spiritwood 1-800-887-6251

Primary Health Care and Medical Clinic Services

883-4400

Addictions Services 883-4479

Community Mental Health Nurse 883-4462

Parent Support Worker 883-4463

Therapies 883-2133

Primary & Community Care, Vice-President 883-4473

Appendix C: Payee Disclosure

Regions are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure. The minimum threshold is \$50,000. Payees are to be sorted into the following four categories and include the following information:

Personal Services—discloses the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an “employee/employer relationship” is established. The amount paid includes the following:

- **Salaries**—regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.
- **Contracts**—the total amount paid (over the threshold) if an “employee/employer” relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported under Supplier Payment

Supplier Payments—discloses payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an “employer/employee” relationship does NOT exist.

Transfers—discloses the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. The Region does not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.

Other Expenditures—discloses payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

Appendix C: Payee Disclosure

Appendix C: Payee Disclosure

Personal Services: Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more

Akre, Brittany	\$	67,760	Belair, Kimberly	\$	64,356
Alasagas, Tito Mari		101,131	Belanger, Megan		62,857
Aldous, Kaylla		57,237	Beltran Yu, Ronnie Po		117,971
Allen, Aleta		94,739	Bennett, Lorna		56,615
Allen, Marlene		95,399	Benoit, Denise		87,692
Allen, Olga		66,905	Benson, Barbara		69,466
Alvarez, D Chi Min		105,505	Benson, Lance		83,150
Alvarez, Richard		108,645	Bentz, Stacy		61,800
Amundson, Lucille		88,790	Beres, Chelsey		57,935
Amyotte, Corrine		61,237	Berg Kolody, Lisa		109,972
Anaka, Kim		101,146	Berg, Lynnda		172,785
Anderson, Brian		55,552	Bergquist, Carla		57,984
Anderson, Shelly		71,998	Bernier, Louise		54,701
Andre, Brenda		67,525	Best, Margot		111,400
Antoine, Jane		99,582	Bevan, Evelyn		74,639
Appleyard, April		70,145	Bibby, Brad		64,810
April, Susan		74,518	Billay, Donna		50,074
Aquino, Ronald Ja		111,802	Billay, Elaine M		58,016
Arcand, Rosemarie		54,616	Billay, Jason		110,654
Arcand, Roxanne		61,773	Billay, Robert		66,406
Archer, Margaret		73,653	Bircham, Tabbatha		63,079
Archibald, Chris		69,700	Birkland, Carroll		70,809
Archibald, Pamela		87,499	Bissky, Amanda		53,768
Aschenbrenner, Joanne		69,070	Bissky, Boris		64,919
Ashworth, Susan		64,280	Bissky, Doris		53,211
Aspvik, Lois		53,688	Bjerkness, Lucille		54,495
Atcheson, Wanda		99,582	Blackburn, Anthony		76,764
Aug, Angela		88,434	Blain, Bernadett		57,441
Austin, Catherine		53,354	Blair, Michelle		88,527
Austin, Cathy		55,738	Bleching, Charity		86,270
Badgley, Stephanie		78,840	Blocka, Lynn		87,383
Badiuk, Jane		86,796	Bloor, Lavern Jo		58,571
Baglole, Shauna		65,277	Bodnarchuk, Marjorie		99,782
Bagongon, Iris Ella		85,954	Boehm, Debra		56,814
Bagongon, Irvin		91,112	Boldt, Trudy		52,978
Bain, Randy		58,432	Bolotniuk, Lori Lee		89,710
Balicki, Lennie		99,280	Bonar, Connie		72,438
Balicki, Lesia		112,240	Borstmayer, Dawn		52,545
Balicki, Sherry		65,657	Bouvier, Aimee		66,618
Balicki, Valerie		53,175	Boychuk, Lois		176,613
Balone, Claire		91,958	Boyko, James		70,253
Balone, Yvonne		90,197	Braaten, Deanne		70,181
Banadyga, Ryan		52,593	Brad, Donna		128,504
Barcelona, Caroline		83,659	Brahniuk, Corina		77,415
Bargen, Rebecca		64,795	Branconnier, Shala		65,060
Batisarisari, Judy		102,207	Brandolino, Brandy		66,216
Batty, Darlene		118,427	Bravo, Marta		62,451
Bautista, Joey Chri		83,516	Bray, William		69,743
Beauchesne, Laura		72,151	Breker, Brenda		64,768
Beaulac, Alice		51,109	Bridge, Gary		90,327
Beaulieu, Dolores		74,064	Briggs, Lori		70,202
Beddome, Judy		76,739	Brits, Nico		338,450

Appendix C: Payee Disclosure

Brooks, Coleen	\$ 84,685	Cyr, Linda	\$ 57,475
Brooks, Joanne	100,290	Cyr, Michelle	54,482
Brossart, Antonia	91,527	Cyr, Murielle	75,032
Brown, Kerrie	89,068	Dagenais, Karen	101,035
Brown, Lisa	61,171	Dagenais, Shawn	64,685
Brown, Marjory	51,615	Dahl, Doug	71,381
Bruce, Lynn	77,309	Dahl, Janet	125,002
Bruce, Morris	59,851	Dampil, Charry	109,878
Brydges, Joanne	92,783	Danger, Betty	96,064
Buchinski, Susan	56,385	Daniels, Doris	82,778
Buckingham, Katheryn	73,060	Danielson, Debra	88,094
Burant, Joanne	57,453	Darbyshire, Diana	109,952
Burnie Allen, P Jill	75,673	Davidson, Cagney	81,700
Butterfield, Marina	76,543	Davidson, Elbert	70,358
Cabilao, Evangelin	89,213	Davies, Tracie	70,829
Cadieu, Bonnie	93,981	Davis, Gillian	66,448
Caisse, Shelly	51,484	Dayton, Daren	56,401
Calayo, Clarissa	61,691	De Lara, Pressie	164,296
Callahan, Jamie	174,495	Deforest, Jacquelin	72,943
Camche, Allisyn	69,881	Delisle, Marc	86,234
Cameron, Dwayne	66,860	Delparte, Corinne	78,148
Campbell, Lorraine	90,019	Demers, Lindsay	64,919
Camponi, Rosa	69,375	Denis Blais, Dianne	95,329
Cantin, Tammy	50,026	Devers, Michelle	80,084
Carlson, Tracy	74,679	Dewhurst, Bonnie	62,772
Carrier, Janet	61,804	Dickens, Teresa	64,578
Carruthers, Glenn	99,503	Dickson, Cathy	82,975
Chorney, Carley	63,335	Diemert, Jackaleen	78,023
Christiansen, Lori	72,435	Dimaya, Ma Carlia	81,246
Clark, Janet	123,965	Disiewich, Karen	75,830
Clarke, Glenis	66,304	Donald, Helen	98,063
Clavelle, Amanda	78,252	Dooley, Nikki	74,811
Cochrane Zalewsk, Michelle	56,422	Dorion, Nancy	87,715
Conant, Dana	68,360	Dorosh, Perpetua	111,013
Cook, Delphine	83,942	Doucette, Dana	51,958
Cook, Donna	88,482	Doucette, Florette	87,861
Cook, Wanda	79,517	Dougan, Beverley	100,063
Cooke, Gaylene	100,514	Dowling, Deanne	96,487
Cooling, Jerrilyn	99,574	Downey, Sherryl	59,620
Cooper, Darla	87,949	Driedger, Amanda	97,478
Cooper, Sheila	101,162	Drieschner, Arlene	95,636
Copeland, Maureen	51,613	Dubyk, Deborah	86,606
Cottingham, Jason	50,099	Dubyk, Melanie	52,638
Coutu, Jas	87,229	Duenas, Chrizalyn	102,037
Couture, Patricia	101,415	Dunn, Nikki	52,999
Cram, Patti	66,974	Dupuis, Jocelyne	77,349
Crawford, Shelley	52,190	Duret, Aline	76,446
Creighton, Linda	52,460	Dutka, Patti	56,475
Crellin, Margaret	106,134	Dykun, Kimberly	107,591
Crowe, Julie	59,319	Dynna, Maureen	64,253
Cruz, Jerry	64,310	Eberts, Tamara	97,652
Cunnane, Andrea	80,343	Ecaldre, Peter	89,928
Curtis, Chona	62,973	Echavez, Marilou	109,407
Cutting, Eunice	86,198	Eddolls, Colleen	60,699

Appendix C: Payee Disclosure

Edrozo, Gerald	\$	78,810	Franks, Judy	\$	58,431
Elliott, Cheryl		111,686	Friesen, Crystal		55,035
Emmerson, Angela		69,158	Friesen, Rebecca		67,198
Engle, Rychelle		53,061	Friesen, Terry		89,432
Enns, Brett		125,882	Fuentes, Diana Jea		94,436
Ens, Jodi		64,577	Fuller, Bonnie		86,537
Epp, Dorothy		86,780	Fuller, Sharon		73,070
Epp, Marissa		54,864	Funk, Heidi		63,606
Erickson, Kristen		62,619	Furber, Christine		98,464
Ericson Lemaigre, Wendy		86,212	Fyrk, Lynda		90,648
Ermine, Edmund		52,764	Gabrielson, Heather		76,142
Ernst Flannigan, Yolanda		51,392	Gallins, Lori		74,445
Ernst, Tanya		85,300	Garand, Robert		76,448
Escalada, Charry		101,231	Garbolinsky, Gina		53,806
Escueta, Jan Keith		114,543	Garcia, Zenaída		111,379
Escuro, Michelle		93,178	Garden, Nicole		77,096
Esteban, Antonio E		93,119	Garrard, Steve		59,382
Evangelista, Nomy		117,477	Gatin, Peggi Lyn		69,729
Evans, Beverly		57,803	Gaudet, Dean		65,002
Evans, Jody		64,108	Gaudet, Dori		86,234
Evans, Karen		51,064	Gauthier, Theresa		87,919
Evans, Kathy		73,893	Gauthier, Tracy		65,946
Fabay, Zenaída		60,248	Gaveronski, Nancy		70,759
Fabian, Maricris		90,932	Genciana, Carol Joy		95,336
Fahlman, Theresa		96,932	Georget, Alden		79,491
Falloon, Nadine		96,147	Getz, P Cileen		51,729
Famulak, Kevin		71,800	Giasson, Nicole		75,117
Farthing, Krista		99,982	Gignac, Kathleen		50,883
Fauchoux, Elaine		80,034	Gignac, Laura		98,025
Favel Gardiner, Pamela		54,963	Gillis, Tammy		58,669
Favel, Linda		64,564	Gisi, Nadia		50,694
Favreau, Glenda		64,875	Gjesdal, Joy		54,995
Favreau, Sherry		56,775	Glabus, Lucie		52,700
Featherstone, Tobi		65,594	Glynn, Kathy		61,349
Fecyk, Diana		97,538	Godwin, Genevieve		63,816
Fee, Christal		71,611	Golez, Analyn		53,178
Fehr, Darlene		98,148	Goller, Shelley		96,645
Feland, Leslie An		96,787	Gonzales, Lyra		105,556
Felske, Brenda		50,872	Gordon, Cathy		75,228
Ferguson, Tom		77,889	Gould, Catherine		71,009
Ferland, Beverly		96,828	Goy, Jan		66,033
Fernandez, Fe		110,315	Granrude, Ute		53,706
Fiddler, Charity		64,796	Gregory, Alicia		63,955
Fiddler, Danielle		64,406	Gregory, Sharlene		61,108
Fiddler, Tracey		62,849	Gregoryk, Carol		170,046
Fisher, Barbara		101,063	Grenier, Karen		70,533
Fitzpatrick, Robert		66,477	Griffin, Sharon		116,568
Fjeld, Terry		78,934	Grimard, Sharon		61,343
Flaman, Amanda		73,941	Grimes, Lisa		64,229
Flett, Shaelene		71,221	Guest, Jennifer		65,652
Fossen, Helen		56,786	Guitard, Michelle		74,308
Foy, Nicole		60,706	Gunn, Karen		134,156
Franc Beaurivage, Lydia		99,380	Gyoerick, Robin		60,946
Franc, Joanne		99,582	Halcro, Quentin		109,571

Appendix C: Payee Disclosure

Halsall, Dawn	\$	105,489	Huxley, Amanda	\$	53,204
Hamborg, Eileen		66,556	Ilnisky, Janet		120,968
Hamilton, Neil		68,107	Ingham, Tanya		68,439
Hamilton, Trudy		92,557	Isbister, Sherry		57,425
Hamlyn, Muriel		87,918	Isbister, Valerie		51,925
Hannotte, Terri		75,418	Iverson, Cathy		100,419
Harach, Mary		84,446	Jackow, Deborah		85,786
Harasymuk, Brian		129,329	Jacobs, Katharine		85,702
Hardy, Leah		76,461	Jahn, Sonya		77,783
Hareuther, Jennifer		93,775	Jalbuena, Rommel		81,244
Hargrave, Harold		81,179	James, Manuel		108,288
Harper, Monica		71,705	Janz, Trenton		60,185
Harradence, Lisa		86,943	Janzen, Laurie		70,192
Harris, Jacqueline		54,429	Jenkins, Patricia		64,610
Harris, Trudy		51,549	Johnson, Darlene		54,724
Harrison, Loraine		100,490	Johnson, Debora		58,215
Hart, Lyla		106,231	Johnson, Geneva		79,038
Hartman, Gene		65,895	Johnson, Ian		80,618
Hayduk, Karen		65,878	Johnston, Carolyn		52,731
Hebblethwaite, Joanne		67,113	Johnston, Merle		61,668
Heidel, Sandy		90,474	Jonasson, Melissa		54,666
Hein, Edith		78,867	Jones, Moniqua		95,722
Hein, Gordon		64,970	Joo, Cheryl		76,401
Hein, Shirley		53,051	Jubilan, Ann Therese		80,813
Henry, Cynthia		52,652	Jurgens, Douglas		122,272
Henry, Kristin		75,447	Juson, Jojan		66,565
Henry, Tammy		89,593	Kacher, Jane		68,584
Herbst Sutor, Michelle		98,094	Kaminsky, Donna		91,597
Heroux, Wendy		86,018	Kammermayer, Karen		72,007
Hewitt, Barbara		70,448	Kanigan, Danielle		65,417
Hicks, Carrie		78,659	Kapacila, Jan		72,497
Higgins, Garry		59,786	Kaptein, Karen		98,733
Hildebrand, Laura		53,405	Kardash, Johanne		82,117
Hipkiss, Nadine		90,501	Kazmiruk, Eloise		103,550
Hnidek, Frances		75,538	Keating, Sandra		93,198
Hobson, Traci		108,855	Keith, Jena		77,909
Hodgson, Whitney		74,176	Kendel, Pamela		80,715
Hoey, Michele		53,844	Kenke, Kimberly		106,934
Holmgren, Kathy		60,657	Kennedy, Jelaine		55,301
Honig, Colleen		74,004	Kennedy, Morgan		175,219
Hope, Penny		73,629	Kenny, Samantha		90,195
Hornung, Joan		83,838	Kent, Debbie		69,784
Horricks, Sandi		53,772	Kibanoff, Constanti		92,029
Horvey, Jill		65,547	Kilanowski, Bozena		54,148
Hradecki, Kimberley		85,572	King, Darci		81,367
Hrenyk, Loretta		75,694	King, Maryanne		57,575
Hrynuik, Karen		77,926	Kiryk, Wayne		55,840
Hundeby, Lisa		69,935	Kitching, Karen		63,653
Hunker, Kathy		97,181	Klughart, Garry		56,058
Hunt, Cecile		264,341	Knoke, Julia		59,016
Hunter, Darren		68,305	Knouse, Jennifer		53,889
Hunter, Kathryn		69,196	Knutson, Janelle		104,760
Hupalo, Caroline		82,856	Kohut, Maryann		53,815
Huska, Lorraine		88,087	Kolendreski, Dwayne		88,047

Appendix C: Payee Disclosure

Komaika, Lois	\$	72,362	Lukowich, Arlene	\$	96,956
Kopperud, Debra		78,681	Lumberjack, Peggy		62,351
Korody, Sharon		76,343	Lund, Erin		51,502
Koty, Jaelynn		67,570	Lundgren, June		64,078
Krawec, Carmen		93,290	Lysitza, Corinna		80,486
Krsacok, Marilyn		71,801	Lysitza, Shelby		57,533
Kukac, Charline		88,582	Lysitza, Susan		69,803
Kutnikoff, Joanne		56,923	Macabanti, Rabbi		105,618
Kwiatkowski, Brenda		80,395	Macauley, Michelle		58,397
Kwok, Joanne	153,612		Macfie, Cindy		56,760
Kyei, Joyce		73,652	Macfie, Vikki		102,521
Lachance, Delores		57,506	Maclean, Murdeen		56,422
Ladeza, Reynaldo	105,883		Macneil, Bev		79,324
Lafond, Stephanie		51,661	Madwid, Doreen		65,418
Lai, Sandy		60,795	Magnusson, Eva		74,746
Lai, Yun		86,961	Makely, Janice		75,567
Laird, Raina		55,474	Manseau, Jeanne		75,666
Lajeunesse, Joanne		90,208	Manson, Calvin		64,442
Lajeunesse, Leanne		56,873	Mante, Mark Step		85,728
Lalonde, Marie Ann		99,983	Marcia, Laura		76,847
Lambiris, Richelle		59,686	Mardell, Dawn		65,217
Lang, Bridgette		69,186	Marion, Irene		90,477
Laprise, Kristin		83,314	Marion, Melanie		85,136
Larose, Linda		50,883	Marshall, Patricia		78,480
Larson, Aimee		93,776	Martens, Sonya		65,326
Larson, Val		55,194	Martin, Diane		58,994
Laturmas, Laurie		74,888	Martin, Paulette		87,357
Lavergne, Adele		76,040	Martodam, Roseline		96,219
Lavoie, Alyssa		60,448	Masiglat, Pepito		152,574
Lawson, Tammy		88,908	Mason, Karen		71,389
Leaderhouse, Richard		89,546	Mason, Linda		99,810
Leblanc, Elise		96,853	Mason, Pauline		62,416
Lee, Connie	117,240		Massey, Geraldine		59,583
Leeb, Sonya	133,788		Matheis, Elona		88,258
Lehner, Nola Rae		75,335	Matrice, Madeleine		73,024
Leier, Melissa		63,774	Maturan, Zosima		95,481
Lepage, Adrien		99,938	Matwishyn, Debbie		101,514
Lepage, Christina		71,593	Matzner, Juliette		95,166
Lepine, Laurille		56,195	Mcauley, Debbie		50,236
Leschyshyn, Cynthia		77,698	Mccann, John		102,961
Lesko, Carlie		81,484	Mccready, Deborah		90,691
Lesperance, Cathleen		58,970	Mcdonald, Ashley		74,002
Letendre, Andre		76,054	Mcdonald, Barbara		130,056
Levesque, Barbara	105,874		Mcdougall, Brenda		61,537
Lindsay, Kirstie		76,306	McEwen, Patty		53,352
Linfitt, Danielle		68,638	Mcgregor, Cherith		55,626
Little, Lisa		99,406	Mcgregor, Kristy		57,211
Lizee, Jasmine		50,172	Mcintyre, Raeanne		78,977
Lloyd, Kellene	100,217		Mckay, Coralie		52,150
Lloyd, Maria		62,566	Mckay, Linda		52,256
Loewen, Norma		74,671	Mckinnon, Linda		86,134
Lofstrom, Laurel		61,068	Mcknight, Robert		51,764
Long, Sheila		66,512	Mclaughlan, Sylvia		65,998
Lukan, Laurianne		94,650	Mclean, Catherine		93,013

Appendix C: Payee Disclosure

McLeod, Donna	\$	89,805	Nelson, Stefanie	\$	63,758
McLeod, Eileen		63,227	Neudorf, Deanna		72,396
McLeod, Gloria		90,720	Neufeld, Agatha		85,430
McLeod, Jolene		68,880	Neufeld, Lorna		55,839
McLeod, Lesley		87,294	Neufeld, Patricia		55,407
McMunn, Brenda		76,405	Newhouse, Sandra		99,735
McNamee, Judith		103,277	Nicholson, Laura		75,234
McNeice, Bonnie		62,785	Nicklas, Marvin		75,305
Meikle, Lynn		65,708	Nielsen, Dianne		66,694
Mercredi, Tanya		59,630	Nolan, Gwen		57,914
Meyer, Rosalie		70,201	Nordli, Heather		65,412
Meyers, Pam		65,419	Nutter, Donna		69,851
Mierke, Flo		64,991	Nykiforuk, Patricia		100,784
Miller, David		52,988	Obaldo, Maria Angelica		96,671
Miller, Heidi		50,631	Obbema, Danielle		93,890
Miller, Linda		57,358	Olde, Stephen		89,448
Miller, Rhonda		88,690	Olde, Wendy		53,231
Mills, Brenda		60,532	Olson, Linnea		54,993
Mills, Rae		80,558	Olson, Sharon		75,115
Mischuk, Connie		94,799	Olson, Tiffany		60,391
Mitchell, James		63,843	Olthuis, Kathryn		64,738
Moar, Elizabeth		53,950	Oshaneck, Jaclyn		60,827
Moffat, Lana		73,702	Otte, Bryan		60,453
Mokelki, Lois		97,268	Otte, Sharon		87,269
Monus, Tisa		67,161	Overbye, Janelle		75,337
Moore, Margaret		68,164	Paguio, Joann		80,812
Moore, Troy		52,120	Painter, Judith		68,789
Morash, Sharla		73,968	Palisoc, Michell L		123,998
Moriarty, Judy		91,587	Pangilinan, Michael A		103,496
Moriarty, Linda		65,297	Pannell, Maureen		69,931
Morley, Michelle		90,382	Parchewski, Lynne		50,416
Morrow, Eva Marie		86,362	Parchomchuk, Lynn		85,601
Mourot, Robin		58,236	Parent, Eyvette		94,246
Moyer, Patsy		65,713	Parent, Kim		64,810
Mugleston, Lannie		57,051	Parenteau, Debbie		53,619
Muller, Sharon		61,225	Parenteau, Valerie		51,521
Mullner, Charles		58,619	Pashovitz, Kathryn		54,810
Mumm, Lorna		54,154	Paul, Chantelle		56,401
Munar, Wilma		107,182	Paul, Donna		53,600
Murray Berg, Denise		55,005	Paul, Lendra		91,872
Mychan, Shannon		67,021	Paul, Leslie		56,172
Nagy, Dawn		58,197	Pawlyshyn, Kelly		59,865
Nagy, Shirley		80,698	Pearson, Bradley		55,009
Nahachewsky, Donna		99,582	Peckham, Catherine		52,441
Napper, Rae Anne		50,449	Pederson, Leona		50,365
Natomagan, Janice		72,534	Peekeekoot, Mildred		51,519
Natomagan, Lindsay		66,250	Pellerin, Collette		50,162
Natomagan, Tara		83,031	Pellerin, Karen		50,199
Neilson, Joyce		58,316	Pelletier, Elaine		69,450
Nelson, Amanda		50,595	Penner, Grace		67,413
Nelson, Catherine		67,408	Peralta, Emma		57,508
Nelson, Darcie		90,019	Perez, Julie		74,286
Nelson, Joseph		71,473	Perez, Michael J		93,177
Nelson, Lori		74,906	Perkins, Jo Ann		66,691

Appendix C: Payee Disclosure

Peter, Gale	\$	105,237	Ross, Lonnie	\$	52,831
Phaneuf, Shawn		99,582	Ross, Paul		86,234
Phillips, Melissa		51,076	Ross, Penny		91,109
Picot, Charmaine		82,493	Ross, Peter		71,548
Piggott, John		178,093	Roth, Alice		85,463
Pikaluk, Joan		61,320	Rousson, Audrey		98,641
Pilon, Gail		86,287	Rowe, Trevor		56,516
Pilon, Jade		54,753	Rumbaoa, Paul Cedric		111,688
Poetker, Pat		88,615	Russell, David		88,352
Pogorzelec, Ellen		65,227	Rye, Christine		95,537
Poitras, Stacy		61,347	Ryhorchuk, Meagan		60,582
Popescul, Janelle		57,772	Sabaratnam, Rathi		313,756
Porter, Barbara		98,670	Sabo, Faye		63,196
Porter, Beth		61,339	Sagardia Silva, Paola		53,056
Porter, Pamela		114,390	Samuel, Holly		81,646
Poulin, Alexis		63,075	Sande, Danielle		86,428
Poulin, Ivy		100,769	Sander, Beverly		93,809
Powers, Margeriet		56,716	Sarchuk, Brenda		92,685
Pratt, Barbara		65,436	Sarrazin, Cassandra		50,427
Prediger, Cheryl		62,441	Sauve, Barb		77,383
Prete, Carol		65,049	Sauve, Jocelyn		102,665
Priestley Mcalpine, Deborah		61,944	Sawatsky, Roxane		86,328
Priestly, Valerie		52,465	Sawchuk, Kelly		70,190
Probert, Naomi		64,173	Schenn, Joanne		82,727
Proulx, Jennifer		75,642	Schmalz, Deanne		74,774
Puetz, Leah		95,514	Schmalz, Ursula		61,373
Pytlak, Richard		51,517	Schopp, Ashley		70,811
Pytlyk, Roseann		53,769	Schopp, Tara		85,763
Quitoriano, Erninda M		78,198	Schwehr, Marsha		52,779
Rabeje, Cheryl		99,790	Scowen, Tasha		66,103
Rabut, Laurie		74,854	Scrivener, Diane		85,823
Ralston, Margaret		96,186	Seidle, Laura		93,803
Ramos, Marivic		95,644	Seidlikoski Yura, Wanda		64,991
Rancourt, Nicole		54,259	Sekhar, Aparna		51,738
Randall, Brenda		60,410	Senina, Krizia		100,118
Rask, Lynn		120,369	Serfas, Dennis		72,275
Recina, Marjorie		96,648	Sevigny, Kendra		61,961
Reed, Noreen		87,189	Shewchuk, Kristin		58,212
Rempel, Elizabeth		58,805	Short, Carla		88,100
Rennie, Brieanne		61,637	Short, Noreen		56,613
Rennie, Cory		65,410	Shyluk, Linda		91,658
Rhead, Kristy		60,297	Siegel, Brenna		76,281
Riekman, Marilyn		83,296	Simonson, Geraldine		58,589
Rindfliesch, Malia		60,605	Simpson, Frances		89,658
Roberts, Rhoda		103,006	Sims, Linda		111,828
Robins, Barbara		93,634	Sinclair, Pamela		72,403
Robinson, Sherry		90,962	Skarpinsky, Betty		100,450
Robinson, Tammy		75,957	Skibinsky, Darren		74,800
Rock, Tyler		52,309	Skibinsky, Debbie		67,880
Rolles, Cory		75,706	Skiffington, Rikki		82,982
Romanchuk, Monica		71,078	Skinner, Sharon		66,930
Ronquillo, Charisse		66,653	Slater, Darlene		52,029
Rosales, Nonita		58,128	Sletten, Cindy		78,489
Ross, Alana		104,464	Slowenko, Sunyoung		75,685

Appendix C: Payee Disclosure

Small, Crystal	\$	57,283	Taylor, Victoria	\$	68,727
Smandych, Donna		110,724	Teichreb, Brad		65,711
Smears, Shineen		76,945	Teichreb, Patricia		82,501
Smith Coleman, Stacey		68,628	Tenkink, Nancy		68,758
Smith Opseth, Valerie		64,786	Tessier, Amber		57,909
Smith, Derrick		65,338	Tetarenko, Wallace		73,032
Smith, Jennifer		101,403	Thesen, Barbara		58,506
Smith, Patricia		50,638	Tholl, Betty		81,277
Smith, Raylene		63,766	Thomas, Yvette		94,975
Smith, Robert		62,585	Thommes, Anna		84,519
Smith, Sheila		70,255	Thompson, Donna		79,896
Smith, Susan		90,760	Thompson, Elizabeth		90,943
Sommerfeld, Brenda		113,500	Thompson, Jamie		66,518
Sopal, Christopher		53,612	Thompson, Kimberly		77,427
Sorenson, Connie		65,002	Thompson, Tannice		101,730
Soron, Ashley		83,555	Thorkelson, Annette		54,109
Spademan, Gaye		95,841	Thorpe, Elizabeth		107,002
Spence, Carolyn		78,191	Tilford, Tom		67,561
Spence, Gary		62,695	Tilsley, Shawn		60,350
Spicer, John		63,096	Tipton, Carmen		50,403
Springer, Paulette		97,544	Tolofson, Alanna		61,012
Sproat, Charlene		76,473	Tomlinson, Twyla		56,069
Stadnyk, Lori		86,800	Toner, Kimberley		92,539
Stahl, Lisa		52,899	Tourond, Lori		59,116
Starblanket, Leanne		66,795	Trueman, Carol		116,381
Stefanski, Elizabeth		72,837	Tucker, Nola		105,500
Stefanyshyn, Cari Ann		90,530	Turgeon, Cheryl		57,846
Steinhilber, Amy		50,534	Turgeon, Wendy		77,276
Stene, Michelle		56,349	Tweidt, Pamela		55,354
Stenz, Edeltrud		60,766	Tyckon, Laura		59,530
Stevely, Vivian		57,671	Udey, Carolyn		69,466
Sthamann, Michele		74,352	Ulch, Gwen		106,791
Stieb, Beatrice		58,217	Underhill, Carla		115,665
Stieb, Lee		65,595	Ursu, Shirley		53,806
Stiglitz, Margaret		57,899	Utley, Mandy		66,235
Stocki, Julie		68,820	Vachon, Charles		71,373
Straughan, Tracey		100,756	Van Dyck, Caroline		60,415
Street, Michelle		85,311	Van Metre, Kimberly		83,441
Strom, Carolyn		83,216	Van Walsem, Catharine		100,347
Stuart, Patricia		153,373	Vankoughnett, Margaret		52,584
Stuckel, Onnalee		91,424	Vansil, Heather		72,684
Suchorab, Frank		109,022	Verbonac, Dayna		80,531
Suchorab, Jennifer		55,180	Vezeau, June		100,701
Suchorab, Linda		99,835	Viklund, Dianne		70,450
Surkan, Ida		63,077	Villamar, Julius		102,037
Surprenant, Lorrie		100,893	Villarosa, Maria The		91,183
Swanson, Marlene		79,099	Vincent, Linda		70,600
Swystun, Rhea		61,540	Walker, Victoria		70,786
Szeszorak, Sylvia		57,694	Wall, Cynthia		76,737
Tamayo, Lea Myrth		84,851	Wallace, Emilie		83,087
Taylor, Barbara		53,557	Walter, Barbara		94,107
Taylor, Iain		81,017	Walters, Jackie		91,524
Taylor, Jean		60,997	Wang, Yu Li		58,675
Taylor, Jeremy		79,957	Ward, Natalie		87,672

Appendix C: Payee Disclosure

Warkentin, Barbara	\$	106,445	Wittig, Kristie	\$	59,999
Warriner, Nova		53,904	Wooden, Diana		56,411
Wason, Richelle		73,496	Woods, Tom		62,038
Wasylshyn, Shelley		86,420	Workman, Jolene		84,670
Watier, Colette		51,634	Worth, Crystal		70,159
Watier, Rachelle		62,745	Wotherspoon, Murray		65,464
Watson, Nav		62,500	Wyand, Ron		67,471
Weber, Pat		56,469	Wykes, Carol		52,650
Weger, Cheryl		105,407	Young, Holly		55,782
Weinrich, Bette Ann		66,750	Zagiel, Lynda		64,247
Werk, Merv		67,814	Zaleschuk, Richard		82,388
White, Leah		88,012	Zanidean, Darlene		87,691
White, Millicent		62,845	Zanidean, Lorne		99,582
Wiebe, Krista		56,043	Zawislak, Kim		79,785
Wieder, Paula		66,786	Zbaraschuk, Kelly		79,750
Wiederspick, Mildred		90,019	Zdrill, Samantha		67,170
Wieggers, Mary		54,645	Zelowsky, Susanne		53,275
Wiens, Arnold		55,730	Zentner, Neil		144,965
Willoughby, Dinah		90,595	Zuck, Shauna		66,830
Wilson, Shelley		89,368	Zummack, Glendene		57,496
Winge, Deborah		99,707	Zwack, Monique		94,283
Wiser, Valerie		74,385			

Appendix C: Payee Disclosure

Supplier Payments: Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment

3130827 Canada Inc (Cpdn)	\$ 718,409	Dr. Peggy Lambos Medical Prof Corp	\$ 375,398
627577 Saskatchewan Ltd	123,039	Dr. Rashid	62,697
A1 Power Door	60,300	Dr. Ricardo Ribeiro	256,744
Abbott Laboratories Limited	115,444	Dr. Rossouw Francois	200,206
Alcon Canada Inc	622,859	Dr. S. Moodliar	352,280
AODBT Architecture Interior Design	2,785,910	Dr. S. Shukla	100,152
Arjohuntleigh Canada Inc	272,527	Dr. Sandrew Martins	162,654
Associated Radiologists	1,968,595	Dr. Santheran Moodley	382,973
Baxter Corporation	133,149	Dr. Shashi Brijlall	384,762
Beckman Coulter	112,873	Dr. Steven Harris	101,760
Biomed Recovery & Disposal	219,398	Dr. Sybil Van Der Merwe	233,709
Bowditch, Barb	72,370	Dr. T. Malhotra	338,164
Bracco Imaging Canada	76,135	Dr. V.Parekh Medical Prof Corp	68,220
Bunzl Distribution Inc.	230,142	Dr. Vijay Udayasankar	349,709
Canadian Corps Of Commissionaire	651,380	Dr. Y. Pillay	370,696
Cardinal Health Canada Inc.	520,747	Draeger Medical Inc	64,013
Cherry Insurance	63,218	Eecol Electric (Sask) Ltd	75,290
City of Prince Albert	317,643	eHealth Saskatchewan	82,409
CMHA Prince Albert Branch	67,188	Fahn Medical Professional Corp	321,678
Dominion Biologicals	54,450	Family Service Regina	66,000
Dr. A. Janse Van Rensburg	98,538	Flaminio Ceilings & Wall System	194,566
Dr. A. Ramji	378,546	GE Healthcare	164,340
Dr. Alison Tennent	142,656	Glaxosmithkline Inc	61,005
Dr. Anita Taj	299,462	Grand & Toy	127,053
Dr. Baqir-Husain Medical Prof Co	369,471	Great West Life	663,350
Dr. Benzil Silveira	381,604	Greenland Waste Disposal Ltd.	74,784
Dr. C. De Villiers	66,302	Harris Canada Systems Inc.	148,711
Dr. C.E. Clark	339,377	HDR Architecture Associates	639,812
Dr. Colin Gallins	143,863	Health Sciences Assoc Of Sask	142,202
Dr. Cornelis Hoogerboord	373,345	Healthmark Ltd	127,908
Dr. D. Bulat Professional Corp	379,398	Hill-Rom Canada	239,214
Dr. D. Marten	286,440	Hospira Healthcare Corporation	643,404
Dr. E. Royeppen	364,296	IBM Canada	1,486,867
Dr. Greg Obrigavitch Medical Prof	57,987	James R. Brown Med Prof Corp	151,042
Dr. Jacob Steyn	121,598	Johnson & Johnson Medical Prod.	338,285
Dr. James Cross	65,409	Kaizen Institute Lean Advisors	185,346
Dr. Jan F. Moe	109,174	KCI Medical Canada Inc	95,461
Dr. Joanne Sivertson	429,384	KIN Enterprises Inc	97,812
Dr. Johan Wessels	295,028	Linvatec Canada	257,331
Dr. Khani Chokani Medical Prof. Corp	272,346	Marsh Canada Limited	425,762
Dr. L. Cruickshank	308,923	Mastercard	176,673
Dr. L. Josh Nel	78,907	Mckesson Canada Corporation	715,339
Dr. Lilanie Cooper	319,237	Mckesson Distribution Partners	377,475
Dr. Louis Coertze	266,419	Med2020 Health Care Software	71,118
Dr. M.Durussel	134,275	Minister of Finance	733,648
Dr. M.Z. Hussain	70,461	Motorola Canada Limited	209,138
Dr. Martin Veith	277,686	Nexen Marketing	329,377
Dr. N. Al-Shoaibi	86,166	Nicole Enterprises Inc	83,515
Dr. N. Basson	103,137	North Sask. Laundry & Support	2,425,404

Appendix C: Payee Disclosure

Nuance Communications Inc.	\$	67,871	Schaan Healthcare Products	2,011,742
Olympus Canada		63,523	Shell Energy North America (Canada)	160,504
Ortho Clinical Diagnostic System		70,598	Siemens Healthcare Diagnostics Ltd	682,589
P.A. Fine Foods & Distributors Ltd		63,097	Smith & Nephew Inc	419,566
P.A. Rental & Leasing Services		130,143	Smiths Medical Canada Ltd	92,258
P.A. Mobile Crisis Unit Coop Ltd		71,239	Softchoice Corporation	53,040
PADC Management Company-				
Youth Treatment Centre		2,009,931	Source Medical Corporation	187,245
Pentax Canada Inc.		156,984	SRNA	234,294
Philips Medical Systems Canada		484,189	Steris Canada Limited	77,382
Pinnacle Distribution Inc.		89,611	Stryker Canada	368,736
Prairie Meats		154,579	Supreme Basics Prince Albert	99,443
Prairie North Health Region		82,449	Sysco Food Services Regina	1,444,037
Prince Albert Photocopier Ltd.		131,049	Teleflex Medical L.P.	80,298
Quorex Construction		147,628	The Stevens Company Limited	161,811
R. Rogers Construction		72,468	Thorpe Brothers Ltd	231,419
Ritchie Construction Ltd		147,902	Trac Holdings Ltd.	142,590
Roche Diagnostics		159,871	Tyco Healthcare Group Canada Inc	282,318
Saputo Milk Division		195,743	Unisource Canada Supply System	76,377
SaskEnergy		692,621	Van Houtte Coffee Services Inc	65,875
SaskPower		1,281,085	Vitalaire Healthcare	147,796
Sask Workers Compensation Board		1,872,415	VWR International Co	53,253
Sask Works Venture Fund Inc		52,180	WBM Office Systems	216,748
SaskTel		347,951	Zep Factory Outlet	128,473
SaskTel Mobility		137,557		

Appendix C: Payee Disclosure

Transfers: Listed, by program, are transfers to recipients who received \$50,000 or more.

Blaine Lake Ambulance	\$	281,717	Parkland Ambulance	\$	2,059,174
Canadian Mental Health Association		162,162	Prince Albert Mobile Crisis Unit		71,239
Cooperative Health		328,074	S.H.A.R.E.		523,820
Mont St. Joseph Home Inc.		7,973,591	Spiritwood Ambulance		762,712
M.L.C.N. Elders Care Home Inc.		250,000			

Other Expenditures: Listed are payees who received \$50,000 or more for expenditures not included in the other categories

Minister of Finance	\$	103,402	S.A.H.O.	7,428,440
Public Employees Pension Plan		345,084	SHEPP	7,471,563
Receiver General For Canada		5,813,203		



2010-2011 Annual Report to the Minister of Health

- ★ Compassion
- ★ Service Excellence
- ★ Innovation
- ★ Rewarding Work Life
- ★ Healthy Communities

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